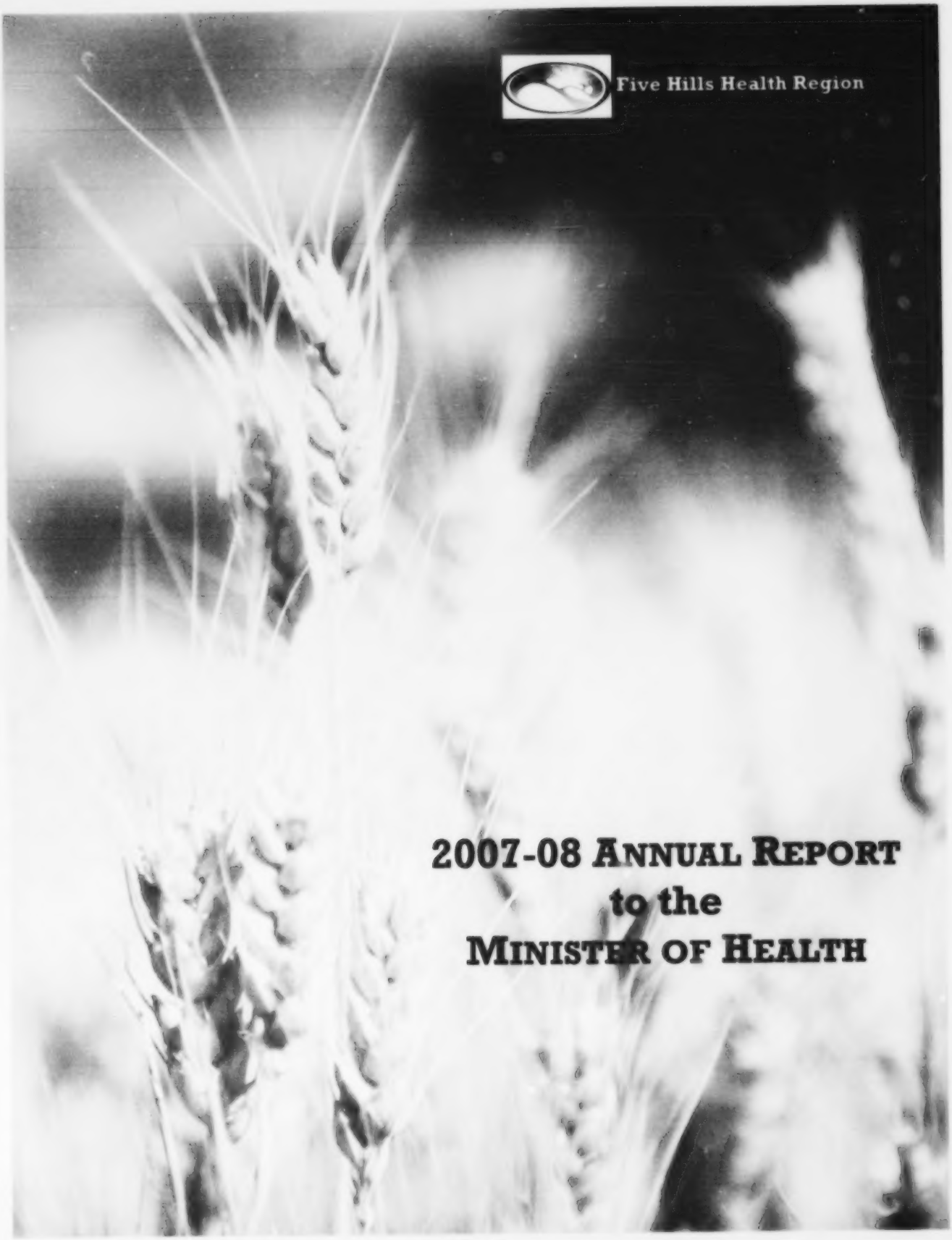

2007-08 Annual Report to the Minister of Health

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Letter of Transmittal

July 16, 2008

The Honourable Don McMorris
Minister of Health
Legislative Building
Regina, SK S4S 0B3

Dear Mr. McMorris:

On behalf of the Five Hills Regional Health Authority (FHHR) and its board, I am pleased to submit the 2007-2008 annual report. This report is submitted in accordance with the requirements of *The Regional Health Services Act* and *The Tabling of Documents Act.* The report provides the audited financial statements and outlines activities and accomplishments of the region for the year ended March 31, 2008.

The health region continues to remain focused on the Ministry of Health's vision and is committed to providing quality, accessible health services for the people it serves. During the fiscal year the region had many successes including:

i) balanced budget—region is in the best financial position of all the provincial regional health authorities,
j) introduction of a new quality initiative—"Pursuing Excellence" that examines services from the patient, resident, clients' perspective and seeks to eliminate wasted steps and defects in the care and service delivery process;
k) provided Cognitive Behaviour Therapy Training to mental health and addictions staff in five southern health regions;
l) expansion of renal dialysis program,
m) increased CT volumes, and
n) leading the regionalization of chronic disease management for diabetes, depression and healthy lifestyles

Our success can be attributed to the dedication and commitment of our employees and the medical staff. We are also grateful for the contributions made by our volunteers and for the Foundations' efforts to ensure that our communities have access to quality health care.

Sincerely,

Dale Toni
Chairperson
Five Hills Regional Health Authority

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Who We Are

MINISTRY OF HEALTH

The Ministry of Health sets out specific directions in the Accountability Document for the prudent and ethical use of public funds. The Ministry of Health identifies the provincial health system's vision statement and goals:

VISION

Building a province of healthy people and healthy communities.

GOALS

Improved access to quality health services

Effective health promotion and disease prevention;

Retain, recruit and train health providers; and

A sustainable, efficient, accountable, quality health system.

FIVE HILLS HEALTH REGION

The Five Hills Regional Health Authority developed a statement of Mission, Vision, Values, Goals and Objectives. While these statements are unique to the Five Hills Health Region, they are consistent with the direction articulated in Saskatchewan Health's Performance Plan.

MISSION

People helping people through quality services, education, teamwork, communication, community engagement and healthy public policy.

VISION

Healthy Choices – Healthy People

VALUES

Respect
Honesty
Accountability
Dedication
Teamwork
Safety
Community focus
Holistic approach
Trust
Integrity
Compassion
Inclusion
Diversity
Quality
Patient/client/resident focused
Evidence-based decision-making

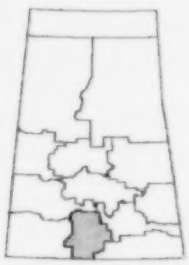
Service Responsibility

The Five Hills Health Region is responsible for:

- acute care (hospital)
- long term care
- home care
- ambulance services
- public health
- mental health and addiction services
- primary health care

The region either directly delivers health services – through its staff – or contracts with other agencies for the provision of services. These contracted agencies are referred to as Health Care Organizations and include all private sector, community based and affiliated (religious based) service agencies that provide ambulance, addiction, mental health and long term care and acute services. Health Care organizations are accountable through and to the Five Hills Health Region.

Regional Services



Regional services administrative support is highly centralized in Moose Jaw. With over 1200 full time equivalent employees, the region has efficiently organized services for finance, information technology, payroll, staff development, occupational health and safety, quality of care and risk management, privacy and communications, nutrition and food services, laundry, housekeeping, biomedical engineering, maintenance, capital planning, security, disaster planning, materials management, human resources and labor relations, recruitment and selection as well as related administrative support.

Specialty Services

- Anaesthesia
- Community Health
- Family medicine including ER
- General surgery
- Gynaecology
- Internal medicine
- Obstetrics
- Orthopaedic surgery
- Ophthalmology
- Pathology
- Paediatrics
- Psychiatry (and Addictions)
- Radiology
- Satellite Dialysis
- Urology

Acute Care

Moose Jaw Union Hospital is a Tier 1 Regional Hospital with 100 inpatient beds. This hospital provides a range of secondary inpatient acute care services including emergency room, intensive care unit, surgery, surgical suite/recovery, day surgery, medicine, mental health, pediatrics, and women's health. These services are supported by professionals in laboratory, diagnostic imaging, CT, ultrasound, respiratory therapy, hyperbaric, physical therapy, occupational therapy, pharmacy, and central sterile supply.

There are **three community hospitals** located in Assiniboia (17 beds), Gravelbourg (9 beds) and Central Butte (5 beds). These hospitals provide acute inpatient medical care and emergency room coverage with 24/7 RN staffing. Each hospital is integrated with long term care beds, which includes designated respite and convalescent care.

MOOSE JAW UNION HOSPITAL STATISTICS

Nursing Unit	Patient Days		Average Daily Census		Percent Occupancy		Average Length of Stay	
	2008	2007	2008	2007	2008	2007	2008	2007
Nursery-Paed	28	53	0.08	0.15	7.65	14.52	2.55	2.52
Intensive Care Unit	1289	1269	3.52	3.48	70.44	69.53	3.38	3.33
Obstetrics /Women's Health Unit	2289	2136	6.25	5.85	44.67	41.8	2.48	2.5
Paediatrics	1895	1990	5.18	5.45	51.78	54.52	2.42	2.44
Psychiatry	4791	4217	13.09	11.55	93.5	82.52	15.11	13.22
Surgical Units	5171	5278	14.13	14.46	70.64	72.3	4.59	4.97
Medical Units	13326	12332	36.14	33.79	101.06	93.85	9.67	9.2
Total Adult Patient Days	28689	27275	78.39	74.73	78.58	74.73	5.84	5.69
Nursery - Newborn	1287	1027	3.52	2.81	35.16	28.14	2.47	2.49
Total Adult & Newborn	29976	28302	81.9	77.54	74.63	70.49	5.53	5.43

Examining the Statistics

HEALTH REGION ACUTE CARE FACILITIES (* contracted agencies)								
	Inpatient Days (Adult)		Average Daily Census		Percent Occupancy		Average Length of Stay	
	2008	2007	2008	2007	2008	2007	2008	2007
Moose Jaw Union Hospital	28689	27275	78.4	74.7	78.6	74.7	5.8	5.7
Central Butte Regency Hospital	1177	1213	3.2	3.3	45.9	47.5	10.9	11.1
Assiniboia Union Hospital	4487	3864	12.3	10.6	76.6	52.9	10.2	8.3
St. Joseph s Hospital *	2137	2195	5.8	6.0	64.9	66.8	4.0	4.4

HEALTH REGION LONG TERM CARE FACILITIES (* contracted agencies)						
	Resident Days		Average Daily Census		Percent Occupancy	
	2008	2007	2008	2007	2008	2007
Central Butte Regency	7649	7804	20.9	21.4	95.00	97.2
Assiniboia Union Hospital	8298	8003	22.7	21.9	103.06	99.7
Craik and District Health Centre	5635	5585	15.4	15.3	102.64	102.0
Ross Payant Nursing Home	13835	13702	37.8	37.5	99.48	98.8
LaFleche Health Centre	5756	5747	15.7	15.7	97.29	98.4
Grasslands Health Centre	5905	6067	16.1	16.6	94.91	97.8
Extendicare *	44794	44832	122.4	122.8	96.37	96.7
Pioneers Housing	26172	25918	71.5	71.0	96.63	96.0
St. Joseph's Hospital *	18095	17930	49.4	49.1	98.88	98.2
Providence Place *	62835	62516	171.7	171.3	98.67	98.4

Public Health Services

Public Health Services in Five Hills Health Region tend to focus programs and services on health promotion, prevention and protection. While most of PHS efforts are focused on protection and promotion, increasing emphasis are being placed on injury prevention, second hand smoke, bike and helmet safety. PHS tend to work with intersectoral partners to address the determinants of health. Community development process is also used to mobilize communities to address health related issues.

Under the leadership of the Medical Officer and Public Health Director, Public Health Services provides a range of services and programs, including: public health nursing, public health inspection, early childhood psychology, public health nutrition, epidemiology, dental health education, population health promotion, speech and language, Kids First Community Developers, Teen Wellness Clinic, and Parent Mentoring Program.

These broad services are also directed at marginalized populations, such as refugees and new immigrants, high risk clients/families, pregnant adolescent, and injection drug users. Services include response to outbreaks of any type. PHS forms part of the Health Region's emergency response capability.

Primary Health Care Services

The shift to a primary health care delivery system based on service provision by integrated, interprofessional teams continues to make progress. The region's first primary health care team established in Central Butte continues to develop its services and community work through intersectoral partnerships and community members. A second central team has been established in Assiniboia as a pilot project with South Country Medical Clinic. This central team provides visiting services to Rockglen, Willow Bunch and Mossbank. A second nurse practitioner will provide visiting services to Kincaid area.

Work to improve the health of the community continues through a well defined community development approach being used by the primary health care teams in partnership with community members. Several communities are working on interventions to reduce injuries from falls in the elderly. Another community is working on healthy lifestyle choices in their area.

Primary health care is leading the development of a regional Healthy Living Project (chronic disease management) utilizing Pursuing Excellence methodology for people living with diabetes and depression. A third Action Team is focusing on healthy lifestyles in the prevention of chronic conditions. Primary Health Care provides support to three sites as part of the Health Quality Council CDM Collaborative.

Continuing Care

Continuing Care services are generally provided to a population of frail elderly persons over the age of 75 years. Using a single point of entry for the entire service, the Access Center is an innovative service. Persons in the region wanting assistance to determine an appropriate range of services can call one phone number to obtain access to a range of services.

The continuing care program includes home care nursing, home care personal care, home care acute care replacement services, inpatient geriatric assessment and rehabilitation, long term care, transition, convalescent, respite, palliative, and podiatry. Institutional care is available to over 500 long term care residents, plus 14 geriatric assessment and rehabilitation, 14 transition as well as designated respite and convalescent beds. The majority of institutional long term care support is provided by affiliate organizations, Providence Place, Moose Jaw, St. Joseph Hospital/Foyer D'Youville, Gravelbourg, and Extendicare/ Moose Jaw. The region provides long term care services in Rockglen, Assiniboia, Lafleche, Central Butte, and Moose Jaw .

Community based clients are further supported with day programs located at Providence Place, Central Butte, Assiniboia, and Gravelbourg.

Mental Health and Addictions Services

FHHR has a well developed regional mental health and addictions service. The mental health unit provides support for clients who require acute inpatient mental health services while social detoxification services are provided by the Angus Campbell Centre who has a contract with the region for these services.

This service has a centralized intake process. Associated with these services are innovative programs such as Kids First, an integrated school team, and many other intersectoral initiatives. New money in Addictions Services has allowed the region to create initiatives such as an Adult Halfway House, a Youth Stabilization Residence, Enhanced Day Programming for Youth with Mental Health/Addictions barriers to employment and Transition Beds for clients waiting addictions treatment. Other new addictions initiatives are currently in development.

Five Hills Access Centre

Continuing care services are accessed through a single point of entry. As a single point entry, all referrals for continuing care services in the region including Home Care, Respite, Palliative Care, Long Term Care and Convalescence go through the Access Centre.

Contracted Health Care Organizations

The Five Hills Regional Health Authority has contracts with the following health care organizations and private providers to deliver health services:

Angus Campbell Centre

- Operates a 20 bed residential (social) detox centre for drugs and alcohol.

Thunder Creek Rehabilitation Association

- Provides residential services and programs for adults with severe and persistent mental illness.

Canadian Mental Health Association

- Provides community education and awareness of mental illness.

Moose Jaw and District EMS

- Provides ground ambulance services for Moose Jaw and area and 911 dispatch services for the entire region.

Wald Ambulance

- Provides ground ambulance services for Assiniboia and area.

Providence Place

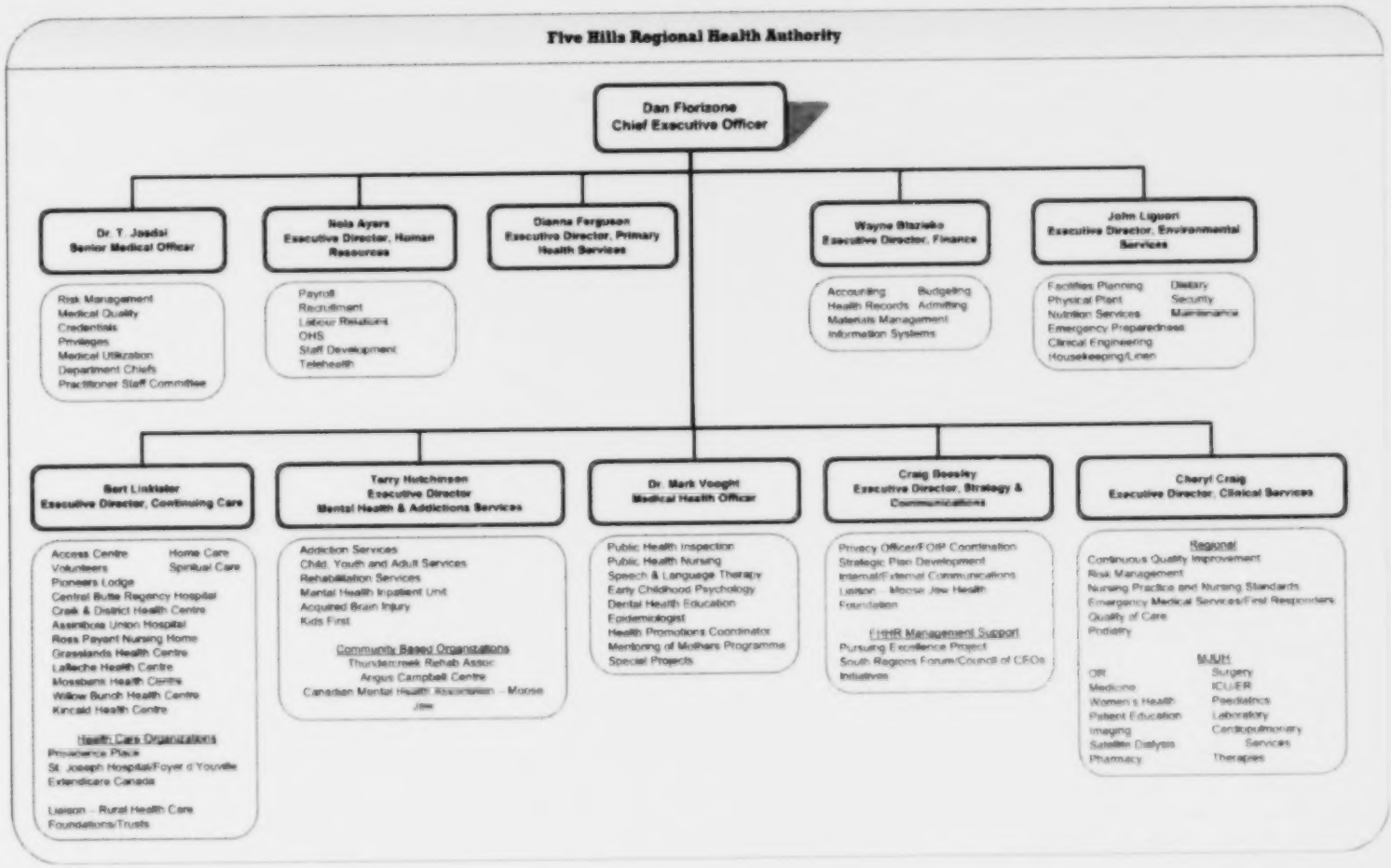
- Operates a160 bed long term care facility, 14 bed Geriatric Assessment and Rehabilitation Unit, and adult day program located in Moose Jaw.

St. Joseph's Hospital/ Foyer d'Youville

- Operates a 50 bed long term care and 9 bed acute care facility in Gravelbourg.
- Provides ground ambulance services for Gravelbourg and area.

Extendicare

- Operates a 127 bed long term care facility in Moose Jaw.


Five Hills Regional Health Authority
Dan Florizone
Chief Executive Officer
Dr. T. Joudrai
Senior Medical Officer
Risk Management
Medical Quality
Credentials
Privileges
Medical Utilization
Department Chiefs
Practitioner Staff Committee
Nola Ayers
Executive Director, Human Resources
Payroll
Recruitment
Labour Relations
OHS
Staff Development
Telehealth
Dianna Ferguson
Executive Director, Primary Health Services
Wayne Blazieko
Executive Director, Finance
Accounting
Budgeting
Health Records
Admitting
Materials Management
Information Systems
John Liguori
Executive Director, Environmental Services
Facilities Planning
Dietary
Physical Plant
Security
Nutrition Services
Maintenance
Emergency Preparedness
Clinical Engineering
Housekeeping/Linen
Bert Linklater
Executive Director, Continuing Care
Access Centre
Home Care
Volunteers
Spiritual Care
Pioneers Lodge
Central Butte Regency Hospital
Creek & District Health Centre
Assiniboia Union Hospital
Ross Payant Nursing Home
Grasslands Health Centre
LaRiche Health Centre
Mossbank Health Centre
Willow Bunch Health Centre
Kincaid Health Centre
Health Care Organizations
Providence Place
St. Joseph Hospital/Foyer d'Youville
Extendicare Canada
Liaison – Rural Health Care Foundations/Trusts
Terry Hutchinson
Executive Director
Mental Health & Addictions Services
Addiction Services
Child, Youth and Adult Services
Rehabilitation Services
Mental Health Inpatient Unit
Acquired Brain Injury
Kids First
Community Based Organizations
Thunder Creek Rehab Assoc
Angus Campbell Centre
Canadian Mental Health Association – Moose Jaw
Dr. Mark Vought
Medical Health Officer
Public Health Inspection
Public Health Nursing
Speech & Language Therapy
Early Childhood Psychology
Dental Health Education
Epidemiologist
Health Promotions Coordinator
Mentoring of Mothers Programme
Special Projects
Craig Beesley
Executive Director, Strategy & Communications
Privacy Officer/FOIP Coordination
Strategic Plan Development
Internal/External Communications
Liaison – Moose Jaw Health Foundation
FHHR Management Support
Pursuing Excellence Project
South Regions Forum/Council of CEOs Initiatives
Cheryl Craig
Executive Director, Clinical Services
Regional
Continuous Quality Improvement
Risk Management
Nursing Practice and Nursing Standards
Emergency Medical Services/First Responders
Quality of Care
Podiatry
MJUH
OR
Surgery
Medicine
ICU/ER
Women's Health
Paediatrics
Patient Education
Laboratory
Imaging
Cardiopulmonary Services
Satellite Dialysis
Pharmacy
Therapies

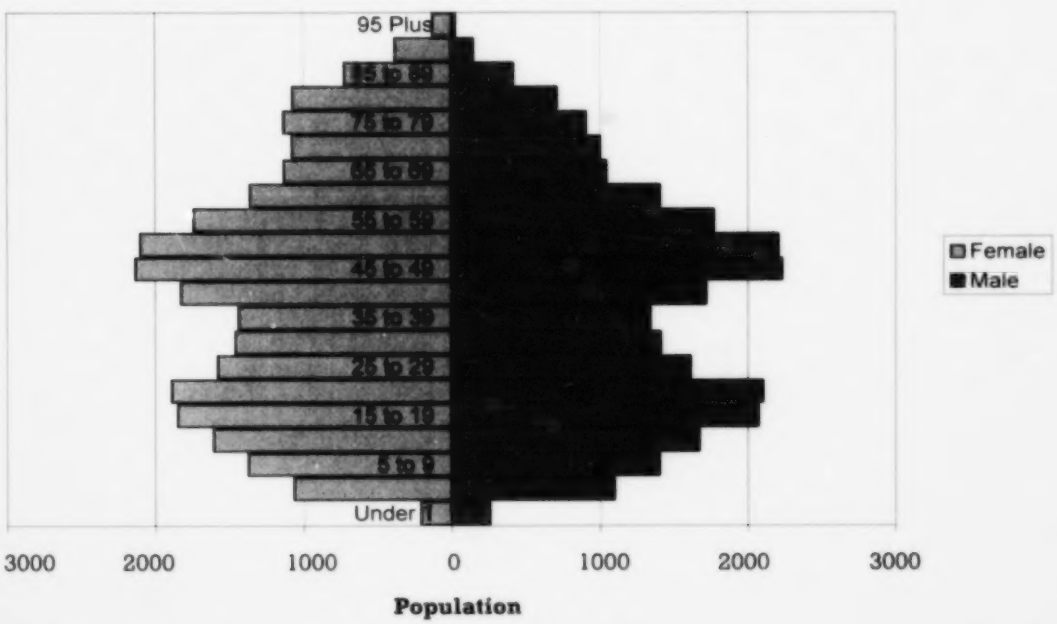
Our Region

The Five Hills Health Region has prepared a comprehensive health status report for the population served. The report summarizes information from a number of internal and external sources and includes needs assessment data compiled by the former Moose Jaw - Thunder Creek Health District and South Country Health Districts. The approach to needs assessment was historically highly coordinated between the former districts, and involved an intersectoral approach to needs identification and strategic response. Age cohorts were used in focussing needs assessment work (prenatal to age 4, child & youth 5-19, adults 20-64, seniors 65+). The following is a summary of some of the data that has been compiled. Source documents provide a more comprehensive overview.

FHHR indicators were derived from the Canadian Institute of Health Information's Structural Framework of Health Indicators from four broad categories of Health Status, Non-Medical determinants of Health, Health System Performance and Community and Health System Characteristics. The source of the data for these indicators is provided by Saskatchewan Health, Regional Hospitals, Canadian Community Health Survey, Breastfeeding Survey, Child & Youth Needs Assessment, HSURC (now HQC), Health Canada and Stats Canada.

Five Hills Health Region Demographics

Population Age Distribution for Five Hills Health Region, 2007



The City of Moose Jaw accounts for the largest portion (63%) of the Region population. The population of the FHHR as of 2007 was 53,878. About 22% of the FHHR residents live in towns and villages, 63% live in Moose Jaw and 15% live in RM's.

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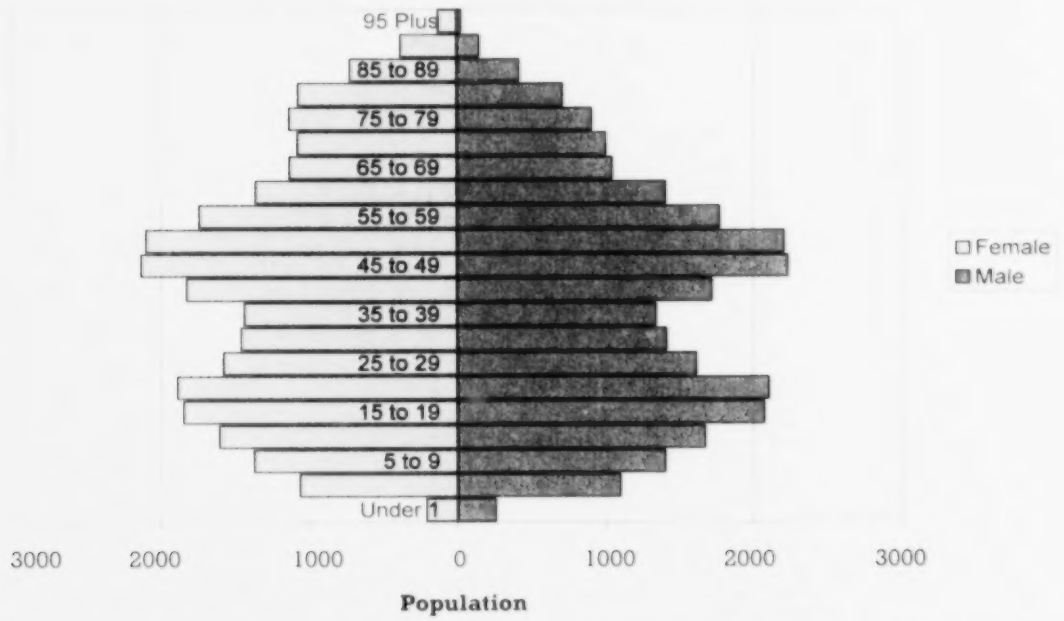
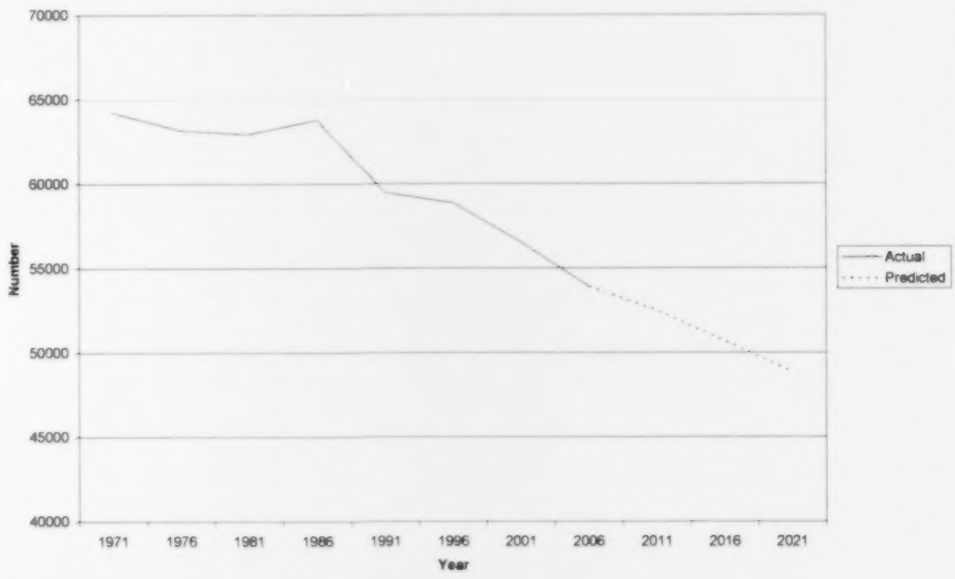


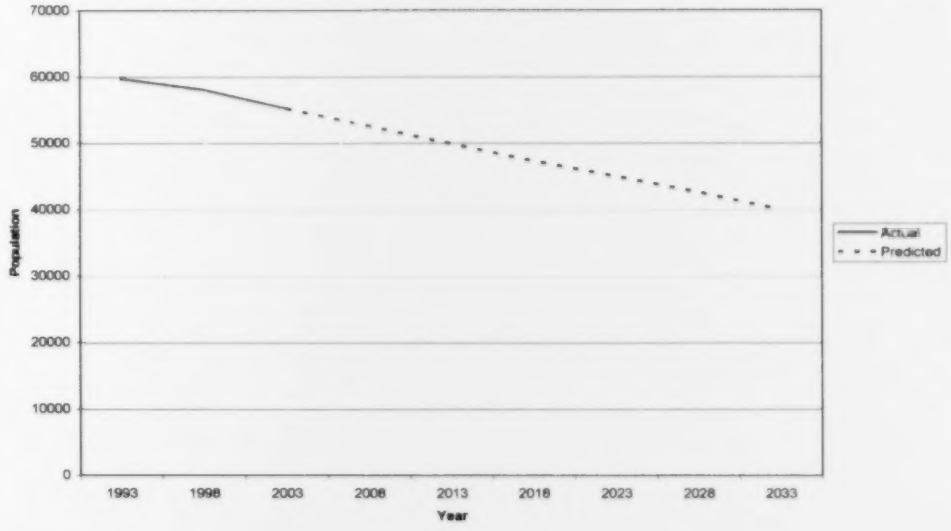
The City of Moose Jaw accounts for the largest portion (63%) of the Region population. The population of the FHHR as of 2007 was 53,878. About 22% of the FHHR residents live in towns and villages, 63% live in Moose Jaw and 15% live in RM's.

Population Projection for Five Hills Health Region, 1971-2021



Source: Saskatchewan Health & Stats Canada

Population Projection for Five Hills Health Region, 1993-2033

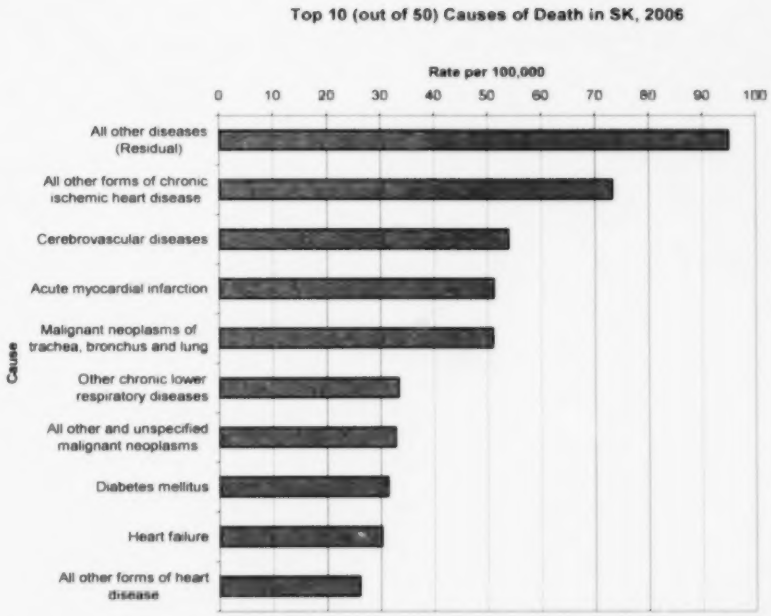


Source: HSURC population projection spreadsheet template

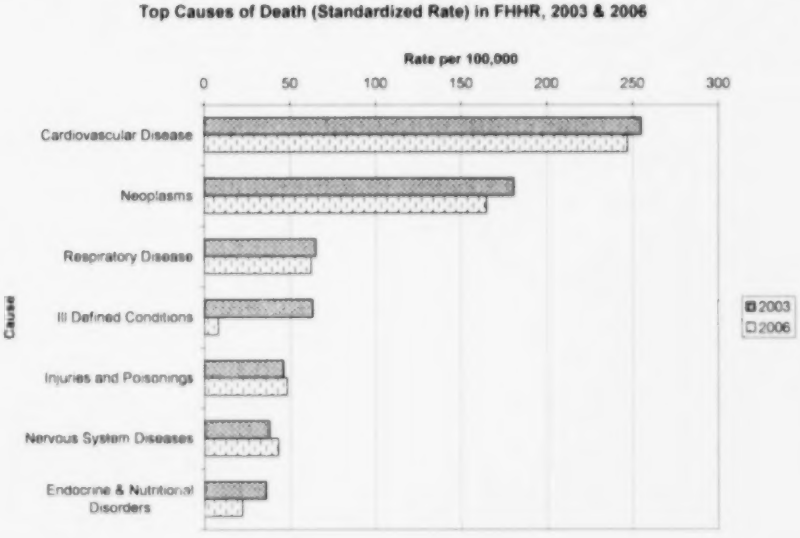
The projected population for the Five Hills Health Region is shown to be steadily decreasing over the next twenty years (1971-2021) and the next thirty years (1993-2033). **Reassessments should be done every five years, the next is 2008/09.**

Health Status

Mortality

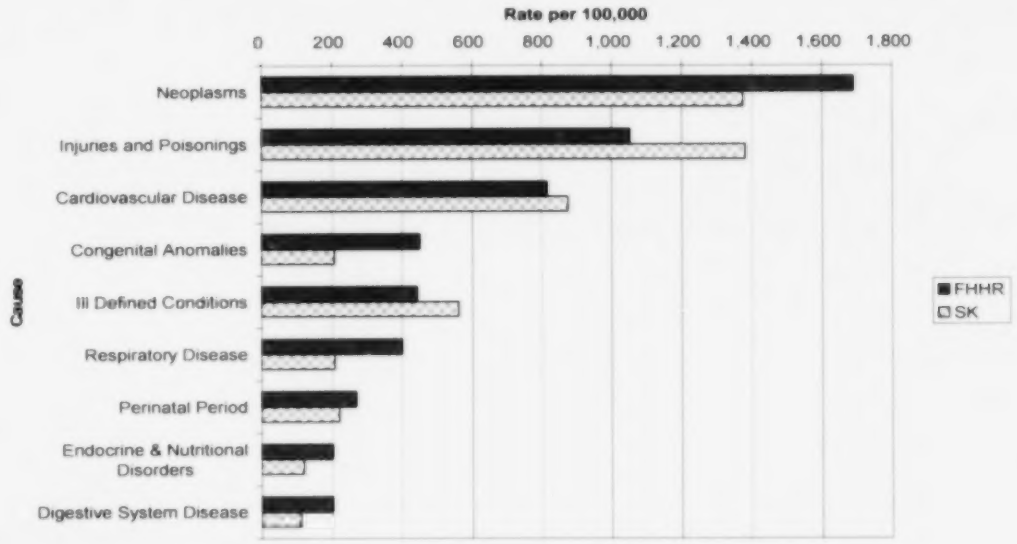


Cardiovascular disease, neoplasms and respiratory types of diseases appear at the top of the 50 top causes of death in Saskatchewan.



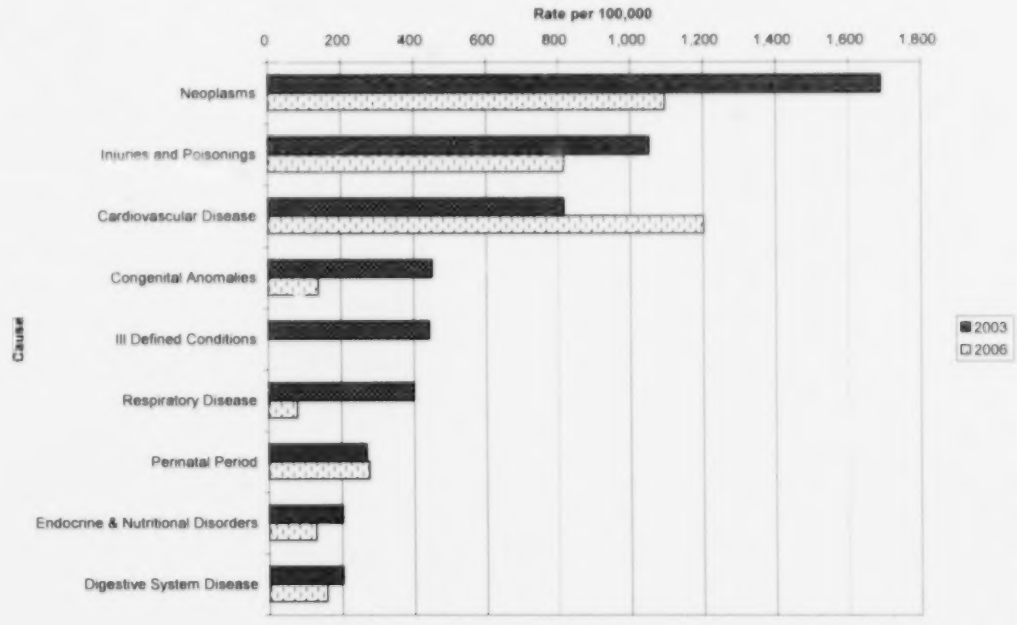
Cardiovascular disease, neoplasms and respiratory diseases were the top causes of death in FHHR for both 2003 and 2006.

Top Causes of Potential Years of Life Lost (PYLL) for FHHR and SK for 2003



PYLL measures premature deaths. Although death rates from various diseases are important, the measure of premature and preventable death is of more interest since programs and activities may reduce these premature deaths along with associated morbidity.

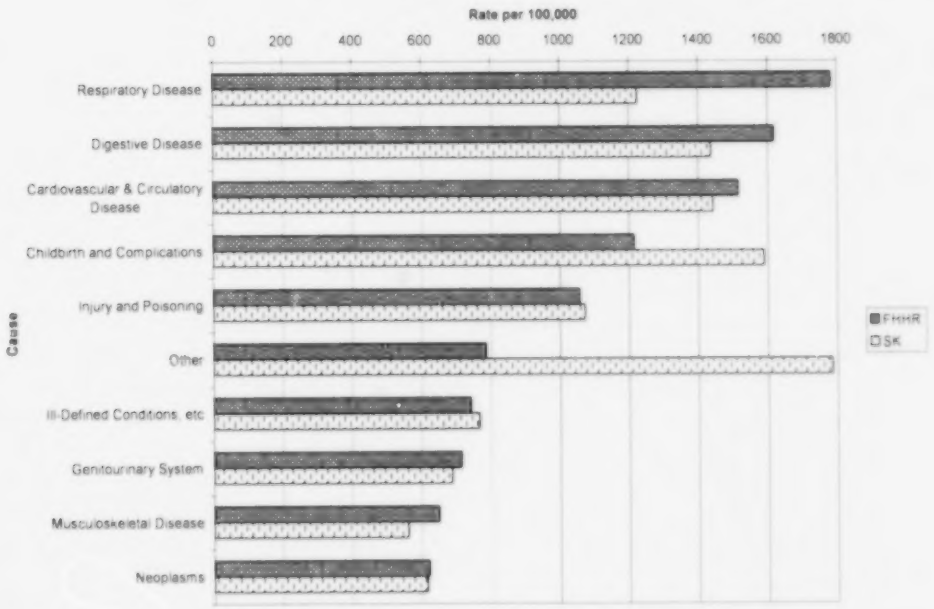
Top Causes of Potential Years of Life Lost (PYLL) for FHHR for 2003 & 2006



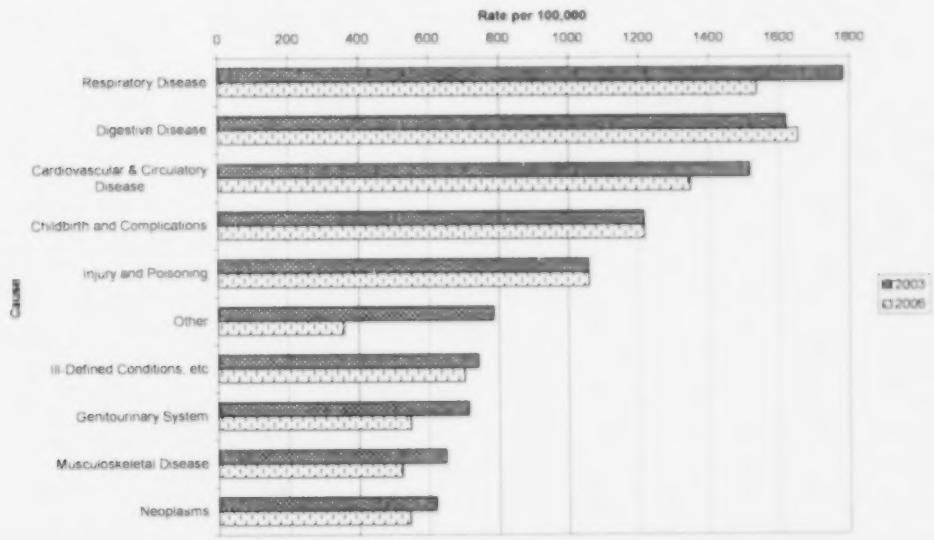
Morbidity

The single highest cause of hospitalization is respiratory disease followed by digestive disease, cardiovascular disease, childbirth and complications and injury. Co-morbidities and health behaviours such as diabetes (an endocrine disease), smoking, sedentary lifestyles, obesity, hypertension, and hypercholesterolemia, impact significantly on cardiovascular disease.

Top Causes of Hospitalization (Standardized Rate) for FHHR and SK, 2003



Top Causes of Hospitalization (Standardized Rate) for FHHR, 2003 & 2006



Diabetes: Hospitalizations due to diabetes are distributed through the lifespan from youth to old age. Complications of diabetes such as cardiovascular disease are listed as separate hospitalization diagnoses. In Saskatchewan, the overall prevalence rate of diabetes was 3.7 % (1996). In 2001, the Saskatchewan prevalence had risen to 4.1% and in 2004 the prevalence had risen again, to 6.1% but decreased to 5.8% in **2005**. The likelihood of having diabetes is proportional to age.

Age Specific Diabetes Prevalence (%) for Saskatchewan, 2004

20-29	30-39	40-49	50-59	60-69	70+
0.5	1.8	3.4	7.5	12.9	15.4

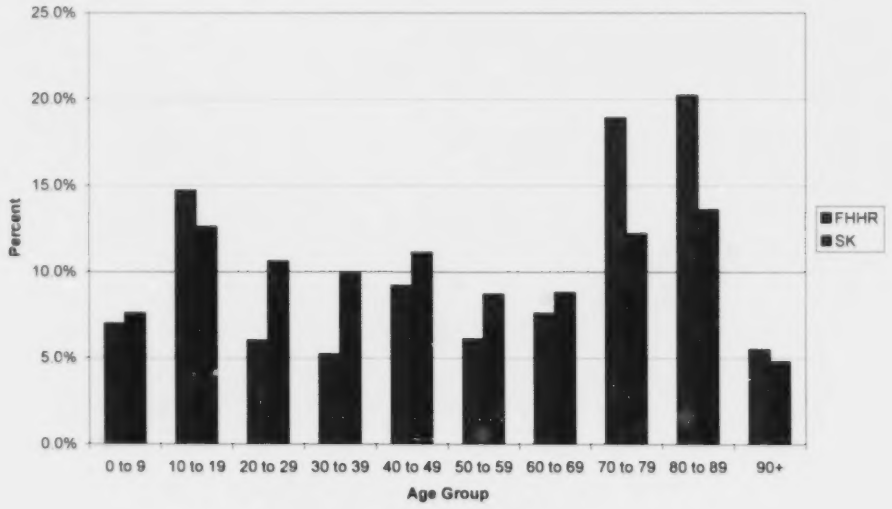
FHHR Regional age-sex adjusted prevalence rates per 1000: 2002/03 - 47.9, 2003/04 – 50.9, 2004/05 – 53.8, and **2005/06—58.6.**

Approximately 90% of diabetic people have Type II Diabetes which is associated with age, obesity, and physical inactivity (Diabetes 2000).

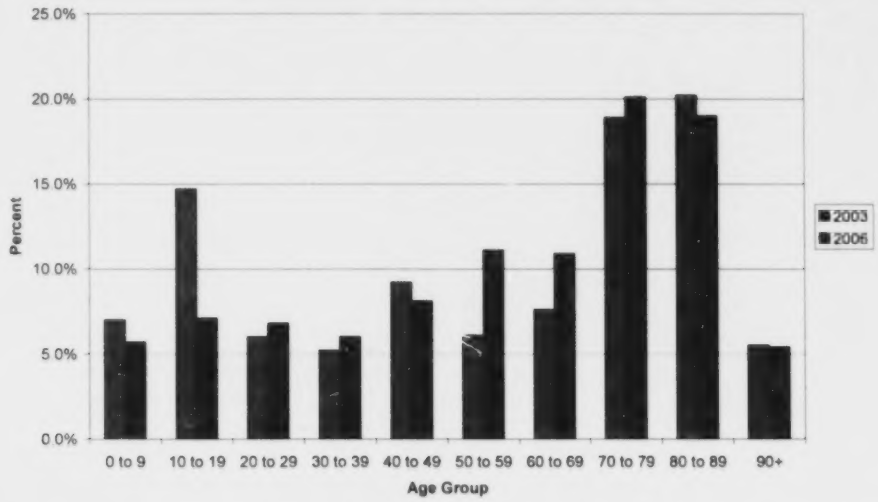
Asthma: Asthma hospitalizations are most common in children and young adults. Hospitalizations due to asthma in FHHR, **2006** were highest in the age groupings under 1 to 4 (36%) and 5 to 9 (17%) and 10 to 14 (16%) {2003 - 1 (14%), 1 to 4 (42%) and 5 to 9 (16%)}. In this same period, all age group asthma hospitalizations accounted for 1.0% (2003 - 1.2%) of hospitalizations in the region. Saskatchewan Health estimates exposure to environmental tobacco smoke raises a child's risk of asthma by 43% and of bronchitis by 46% (2001).

Injury: In, **2006**, the highest number of hospitalizations is for FHHR seniors aged 70 to 79 (20.1%) and 80 to 89 (19.0%) {2003 - ages 70 to 79 (18.9%) and 80 to 89 (20.2%)}. Five Hills Health Region residents may be hospitalized in other regions as well. According to the Hospitalizations for Child Injuries in FHHR, for children under 20 years of age, for the period 2003, the following types of accidents accounted for hospitalizations: falls (31.6%; 2003 - 28.5%), motor vehicle or traffic (16.5% ;2003 - 17.9%), and surgical/medical complications (12.0%; 2003 - 10.1%).

Injury Hospitalizations by Age Group out of All Injury Hospitalizations for FHHR and SK, 2003



Injury Hospitalizations by Age Group out of All Injury Hospitalizations for FHHR, 2003 & 2006



Life Expectancy: In **2001**, life expectancy for both sexes at birth was almost 79 years (75.7 males; 81.6 females) and almost 19 (further) years (16.2 males; 20.6 females) at age 65 for FHHR. This was similar to the provincial figures.

Disability-Free Life Expectancy: Life expectancy is the number of years a person would be expected to live, starting from birth (for life expectancy at birth) or at age 65 (for life expectancy at age 65), on the basis of the mortality statistics for a given observation period. Disability-free life expectancy is a more comprehensive indicator than that of life expectancy because it introduces the concept of quality of life. It is used to distinguish between years of life free of any activity limitation and years experienced with at least one activity limitation.

Disability-Free Life Expectancy at Birth: Canadians born in 1996 were expected to live free of any disability for 68.6 years of their life. For the same year, Saskatchewan was at 68.3 years (66.6 males; 70.0 females), and FHHR was at 68.2 years (66.5 males; 69.8 females). Most major urban centres have high disability free life expectancy at birth as compared to below-average disability-free life expectancy at birth in most of the far north and rural Atlantic Canada.

Disability-Free Life Expectancy at Age 65: In 1996, Canadians aged 65 years were expected to have another 11.7 disability-free years left to live. For the same year, Saskatchewan was at 12 years (11.2 males; 12.7 females) and FHHR was 12 years (11.2 males; 12.7 females). Most high-density metropolitan areas have high disability-free life expectancy at age 65 as compared to below-average disability-free life expectancy at age 65 in most of Northern Canada. Disability-free life expectancy was not significantly different from the national average in the other health regions of far north western Canada, peer group F, which is comprised of health regions in Northern Canada, mainly in the Prairies, British Columbia and the territories.

Health Adjusted Life Expectancy (HALE): is an indicator of overall population health. It combines measures of both age- and sex-specific health status, and age- and sex-specific mortality into a single statistic. HALE represents the number of expected years of life equivalent to years lived in full health starting from birth (for life expectancy at birth) or at age 65 (for life expectancy at age 65),

based on the average experience in a population. In this sense, HALE is not only a measure of quantity of life but also a measure of quality of life. Saskatchewan and FHHR stats are pending.

Infant Mortality, Teens and Birth Weights:

From **1998-2004**, infant mortality in FHHR has been lower than the province most years. Range in FHHR is 2.7– 9.1 per 1000, averaging at 6.5. The SK IMR ranges from 5.6 – 8.9, with an average of 6.2.

Most babies are born to mothers between 20 and 34 years of age in FHHR. Teen pregnancies in FHHR peaked in 1998 at 12.8 % of all births. The rate is declining and 2003 birth data, the teen birth rate was 7.5% of all births [Saskatchewan rate is 9.9%]. For FHHR, in 2004 and 2005, teen birth rate continues to decline (7.45 and 5.9% respectively).

High-birth weights in the FHHR for 1998 to 2004 were a rate of 14.3 % (Saskatchewan 15.6%).

Low Birth-Weights (LBW) expressed as a % of all births: Between the years **1998 and 2004**, FHHR range of % LBW for FHHR: 4.4 – 7.0% (av. = 5.0); for SK: 5.1 – 5.5 % (av. = 5.4). Birth weights are impacted upon by smoking in pregnancy, race, parity, maternal size, socio-economic status, gender of baby, and gestational and maternal age.

Breastfeeding: From then 0-5 Needs Assessment, exclusive breastfeeding to 4 months was significantly below the accepted national rate. This was due in part to the inappropriate use of supplementation of formula or glucose-water and not strictly adhering to the breastfeeding definition. Initiation of "some" breastfeeding was 87%. Only 37% still did "some" breastfeeding at 6 months. From the 2001/02 Breastfeeding Survey, initiation of "some" breastfeeding was 92% and 37% still did "some" breastfeeding at 6 months. The Canadian Paediatric Society, Dieticians of Canada, and Health Canada recommend exclusive breastfeeding for at least the first 4 months of life and continuing with other foods to 2 years and beyond.

The second survey (2002/03) showed, initiation of "some" breastfeeding was 92%. Only 37.3% still did "some" breastfeeding at 6 months.

A third survey is underway in the FHHR and the results will be available in 2009.

From the CCHS 2003 & **2005**, 16% and 32% (respectively) of FHHR mothers exclusively breastfed for at least 6 months (20% and 23% respectively for SK).

Self-Rated Health Status: In FHHR, in 2001, 59% of people rated their health as very good to excellent as compared to 57% in the province. (CCHS, 2001) For 2003, FHHR, 56% of people rated their health as very good to excellent as compared to 60% in the province. (CCHS, 2003) And in **2005**, 55.7% of FHHR residents rated their health as very good to excellent as compared to 52% in the province. (CCHS, 2005)

Non-Medical Determinants of Health

Income and Social Status: Statistics Canada has unveiled (27th May 30, 2003) a new poverty measure, namely the Market Basket Measure. This measure looks at poverty rates by geography, taking into account rents and cost of essential food items, amongst others. Saskatchewan is about in the middle of the field at 13.9% of inhabitants living in "market basket" poverty (range: NFLD @ 23.4%, to ONT @ 11%). *(Note: Regional data not available at this time).* Low income cut-offs are still used as well. The low income cut-off is under $30,000 before tax annual income.

In FHHR in 1999, 17% of households made less than $20K, 53% made between $20K and $60K and 30% made over $60K. Twelve percent of the FHHR families are single parent and have an average

total income of $26,106. The average married total income is $51,790. For FHHR in 2001, 11.2% of families were considered to have low income (11.8% for SK). In 2001 in FHHR, 18.6% of children 17 and younger belonged to low income families (19.0% for SK).

In FHHR in 2006, 15% of households made less than $20K, 38% made between $20K and $60K and 22% made over $60K (Adult & Seniors Needs Assessment, 2006).

Households on government assistance: 2007/8 as of April 2008.

1165 cases (1794 beneficiaries) are on some kind of government assistance program in Moose Jaw and surrounding areas. 10.4% (n=188) are on transitional employment allowance, and 90% (n=1046) are on the Social Assistance Plan.

Of the 1165, 70% (819) are single adults; 5% (56) are childless couples; 21% (239) are single parent families; and 4% (51) are two parent families.

From the 2002 Child and Youth Needs Assessment, 6.5% of the 10-to-19 years age cohort, were in families that used food programs to obtain sufficient food.

Education: From the CCHS 2003, 33.8% of adults had less than a secondary education, 23.4% had a secondary education, 6.6% had a trade, diploma or some college/university and 34.5% had a post secondary degree. From the CCHS **2005**, 30.0% of adults had less than a secondary education, 19.9% had a secondary education, 7.0% had a trade, diploma or some college/university and 41.1% had a post secondary degree.

In a recent survey (2003) of select areas of the region, 20% of adults had less than a secondary education, 27% had a secondary education, 52% had post secondary education. From the 2006 Needs Assessment, 24.8% of adults had less than a secondary education, 11.3% had a secondary education, 44% had a trade, diploma or some college/university and 20% had a post secondary degree

Physical Activity: For FHHR in 2001, 40.9% of residents are moderately active to active (SK – 44.1%) and 51.2% of residents are inactive (SK – 48.9%). 2003 Rates of physical Activity in FHHR and SK. There is a discrepancy in data due to the database sourced.

Derived from CCHS 2003	moderately active/ active FHHR	inactive FHHR	moderately active/ active SK	inactive SK
Stats Can data (entire file)	49.9%	48.3%	49.6%	47.8%
SK health data (share file)	50.6%	47.6%	49.8%	47.8%

From CCHS **2005**, 46.4% of residents are moderately active to active (SK – 48.6%) and 51.2% of residents are inactive (SK – 49.5%). In May of 2007, FHHR was conducted an Adult and Senior Anthropometric Assessment of a resident survey group as well as physical activity levels, and pain-scores.

Body Mass Index: Body mass index (BMI)-Canadian standard, which relates weight to height, is a common method of determining if an individual's weight is in a healthy range based on their height. BMI is calculated as follows: weight in kilograms divided by height in metres squared. The index is: under 18.5 (underweight), 18.5-24.9 (acceptable weight), 25-29.9 (some excess weight) and greater than 30.0(overweight). The index is calculated for those aged 20 to 64 excluding pregnant women and persons less than 3 feet (0.914 metres) tall or greater than 6 feet 11 inches (2.108 metres).

Over-consumption of food with poor nutrient quality (high fat, high sugar, high calorie, low nutrients) contributes to obesity, Saskatchewan's silent epidemic. This results in premature death

and morbidity from cardiovascular disease and Type II Diabetes, amongst others. High rates of smoking in FHHR further exacerbate premature deaths due to cardiovascular disease.

2003 Rates of over-weightness and obesity in FHHR and Saskatchewan. There is a discrepancy in data due to the database used. Resolution has been made by Saskatchewan (May 2005).

Derived from CCHS 2003	Overweight FHHR	Obese FHHR	Overweight SK	Obese SK
Stats Can data (entire file)	37.7%	22.6%	35.5%	19.7%
SK health data (share file)	41.8%	25.9%	35.8%	20.5%

From CCHS **2005**, 32.7% of residents are overweight (SK – 32.5%) and 18.3% of residents are obese (SK – 20.0%).

In May 0f 2007, FHHR conducted an Adult and Senior Needs and Anthropometric Assessment of a resident survey group, as well as physical activity levels, and pain-scores. Some of the findings include:

- 30% of participants were obese (BMI 30+); 34.4% were overweight (BMI 25-29.9) 33.3% were of normal weight (BMI 18.5 - 24.9)
- Almost 70% of participants had unhealthy waist circumferences and body fat percentages;
- 48% of participants are not participating in enough physical activity (PA);
- 21% of participants need to improve their body strength;
- 50% of participants need to improve their physical endurance capacity;
- 34% of participants need to improve their flexibility;
- 9% of participants do not eat breakfast;
- 21% of participants are sedentary;
- 80% of participants have minimal or no disability.

From the above, based on BMI measurement, we can see that 64.4% (almost two-thirds!) of participants surveyed are carrying at least some excess weight. To get a more accurate picture of the health risk associated with excess weight, Health Canada recommends using both BMI and WC simultaneously. This enables us to classify the associated risk to health. This is visualized in the following table:

BMI and Waist Circumference	Normal BMI (19.5-24.9)	Overweight (25.0-29.9)	Obese (30.0+)
Acceptable for Males <102 cm	Least risk – 33%	Increased risk - 0	High risk - 0
Unhealthy for Males ≥ 102 cm	Increased risk - 0	High risk – 29%	Very high risk – 38%
Acceptable for Females <88 cm	Least risk – 26%	Increased risk - 0	High risk - 0
Unhealthy for Females ≥ 88 cm	Increased risk – 6%	High risk – 37%	Very high risk – 28%
Acceptable Total	**Least risk – 28%**	**Increased risk - 0**	**High risk - 0**
Unhealthy Total	**Increased risk – 4%**	**High risk – 35%**	**Very high risk – 30%**

This means that almost 70% of survey participants in the FHHR are at least at some increased risk of developing type 2 diabetes, coronary heart disease, hypertension, dyslipidaemia, gallbladder disease, and obstructive sleep apnea. Referral is made in the Population Health Promotion Report, of ongoing activities to promote physical activities in the FHHR.

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[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]

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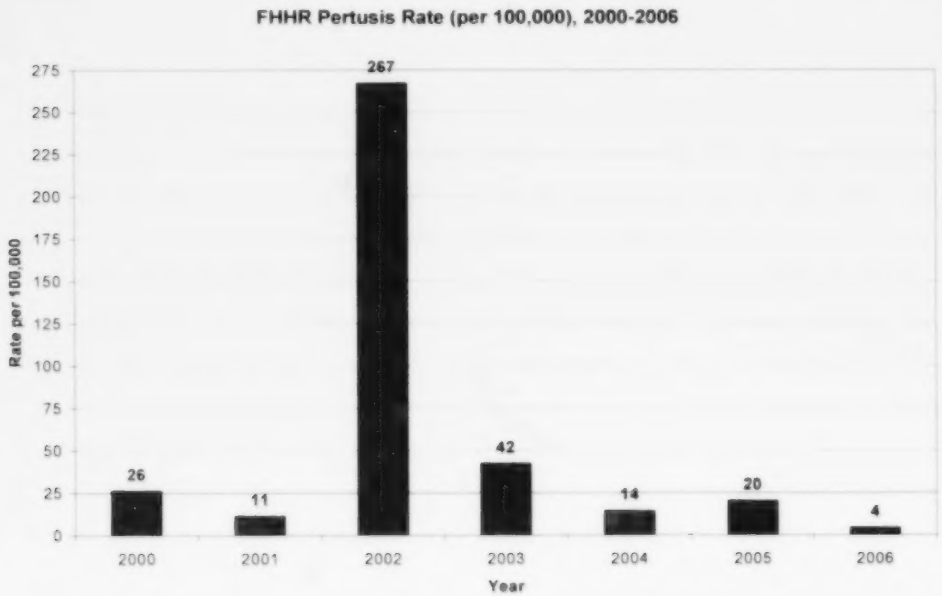
Smoking: In FHHR in **2005**, 22.3% of adults between the ages of 12 to 65 smoked compared to the 23.9% of adults of the same age group in the province. In FHHR in 2003, 24.1% (22.9% males; 25.3% females) of 12 to 65 year olds smoked compared to the 24.0% (24.6% males; 23.9% females) of people of the same age group in the province. There is a clear social gradient between smoking and income level. For example, those earning $12K to $40K had a smoking rate of 40% whereas those earning over $70K had a rate of 19% (2001).

Youth: 18% of 15-19 year olds in Canada in 2003 smoked (Health Canada). 8.1% of 12-17 year olds in Canada in **2005** smoked (CCHS, 2005), 10% of the same age group in 2003 (CCHS, 2003). In FHHR in 2002, 20.2% of youth smoke cigarettes daily (2002 Child & Youth Needs Assessment).

Health System Performance

Pertussis:



The 5 to 12 age group is predominantly affected. The significance of these diseases is that considerable time and staff resources are needed in following up cases and contacts. Also potential for severe disease in the very young or immunocompromised. Pertussis in adults and adolescents is thought to be under-diagnosed. [A relatively new vaccine against Pertussis (Adacel) is available for people of age 12-54 years. This is now part of the provincially funded childhood immunization program]. There were no new Pertussis cases in 2007.

Hepatitis C:

YEAR	# of Cases	Covered Population	Hep C rate per 100,000
2005	20	55 476	36
2006	21	53 921	39
2007	27	53 878	50

In the Province, between 1998 and 2000, 70% of the new cases had IV drug use (IDU) as a risk factor, whereas in FHHR, at least 37% of those who tested positive for Hepatitis C were intravenous drug users. Risk factors could not be determined for some patients.

A harm reduction program (including a needle exchange program) for injection drug users was established by Public Health in 2002. It includes appropriate immunizations, serological testing, counselling and referrals to addictions, social services, physicians, etc.

HIV: In FHHR for the years 1998 through 2006 there were a total of 9 officially reported cases with an average of 1 case per year. There were no new HIV cases for the year 2007.

Chlamydia: (a Sexually Transmitted Infection):

Age Cohort: FHHR	Chlamydia Rate/10,000
1	
1-4	
5-9	
10-14	
15-19	35.7
20-24	87.6
25-29	46.9
30-39	21.2
40-59	3.2
60+	
Unknown	

Immunization Rates:

As per Canadian National standard, the coverage rate is the specific rate of immunization coverage, by a child's second birthday. This is an important milestone, as a child should have received the primary immunization series by this time.

The following Table represents the percentage of eligible population receiving immunization at second birthday, for FHHR and the Province - this for children who turned 2 years old in Saskatchewan, in the 2006-07 period.

Immunization Rates: for children who turned 2 years old in Saskatchewan in the 2006-07 period. [1]

Regional Health Authority	Population who attained age 2 in given year (covered pop)	Population who attained age 2 in given year and are registered in SIMS**	Rate by Antigen (%)									
			Diphtheria (4)	Varicella (1)	Meningococc(1)	Haemophilus influenzae type b (4)	Measles (2)	Mumps (2)	Pertussis	Polio	Rubella (2)	Tetanus (4)
Five Hills	546	527	81.2	82.7	89.6	79.7	78.7	78.7	81.2	81.2	78.7	81.2
Saskatchewan	12,066	10,921	69.8	76.3	84.3	72.2	71.2	71.1	72.9	72.9	71.2	72.9

[1]The 2006-07 Saskatchewan Immunization Management System (SIMS) data reflects a slightly smaller SIMS population than the covered population.

Influenza Immunization rates for seniors (65 years of age and above):

FHHR Year	% Adults 65+ Immunized	SK Year	% Adults 65+ Immunized
2002/2003	65%	2002/2003	62%
2003/2004	66%	2003/2004	66%
2004/2005	68%	2004/2005	68%
2005/2006	67%	2005/2006	66%
2006/2007	63.3%	2006/2007	63.4%

This is a cost-effective population health measure, reducing both morbidity and mortality due to respiratory causes, in this vulnerable age-group. The information in the table below indicates that FHHR has steadily increased its percentage of those covered by the 'flu' shot, over the last three reporting periods:

Emerging Issues

1. **Viral and Bacterial Diseases:**

1.1. **Planning for Pandemic Influenza:**

The South (and recently the North) Saskatchewan Pandemic Forum, is a practical forum for the exchange of ideas regarding Pandemic influenza planning. Key action areas include:

- The stockpiling issue – Forum members are recommending a 6-8 week stockpiled supply. Currently using Regina Qu'Appelle Health Region's master Pandemic stockpile list, as the draft template. The Forum leads will link with the Regional Directors of Materials Management Group, to pursue discussions around the draft list, and the stockpiling process itself.

- Communication: all health regions to have links to PHAC and Provincial website (under EPP on home-page).

- Human Resources: discussions to be held with the Provincial Human Resources Group, as well as the Work Force Planning Branch. SAHO also involved in the planning.

- Care-Guidelines and Ethics: the access and ethics issues will be taken to the Regional Program Service Committee for feedback; a workshop may be possible.

  There are separate Antiviral and Pandemic Vaccine working groups, under the auspices of the Provincial PMTAC group, working on these issue-areas. The PMTAC (Pandemic Medical Technical Advisory Committee) has recently been reshaped and streamlined.

1.2. **Arbovirusses such as West Nile Virus** is now well established in Saskatchewan, and the FHHR. This is reflected in more circumspect and focused bird and mosquito surveillance techniques. As in 2003 (223 cases), 2007 (116 cases) proved to be a high incidence year for FHHR. The 2007 figure translates into a rate of 215 infections/100,000. The overall provincial rate for 2007 was 134/100,000.

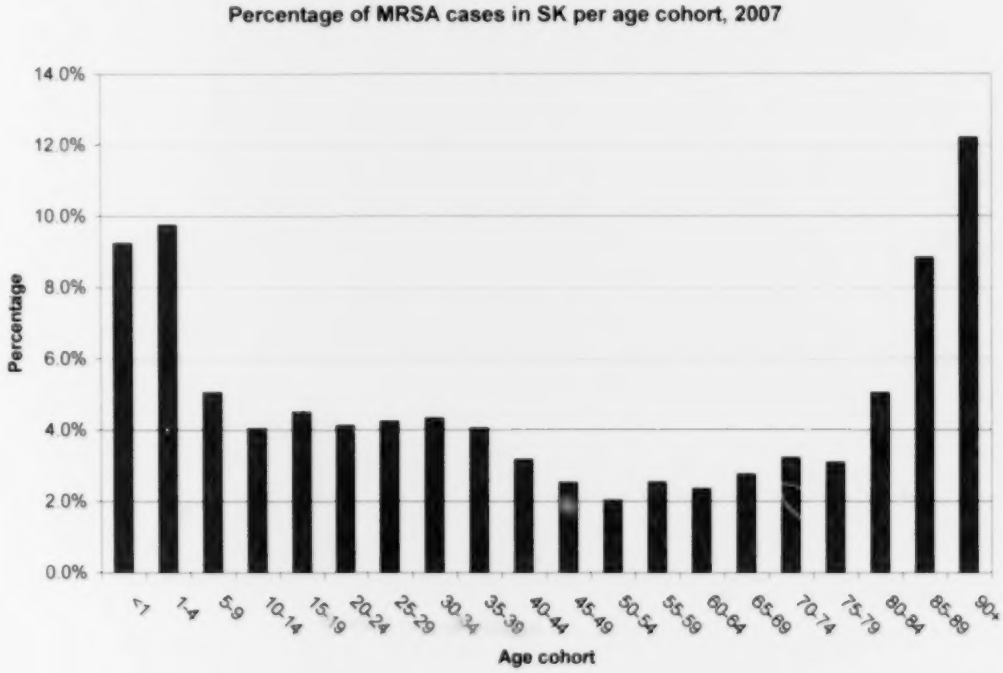
This disease is dependent on the mosquito vector, and mosquito proliferation in turn is heat-dependent. Global warming will influence these and other disease vectors, giving rise to the term transmerging diseases, i.e. the emergence or re-emergence of infectious diseases, new and old, against the background of a transforming weather and economic environment. A good example is dengue fever, rapidly spreading across South America and the Caribbean.

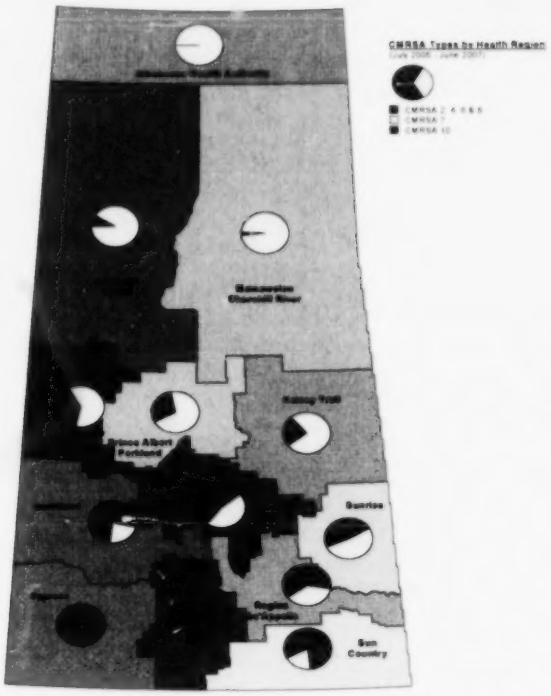
Surveillance will also detect new mosquito vectors in our region allowing us to be on the lookout for accompanying diseases such as Saint Louis Encephalitis, should it move north.

1.3. Antibiotic resistant organisms (ARO's) continue to present a challenge requiring continually changing approaches to stay ahead of organisms such as MRSA, amongst others.

FHHR MRSA	#Total Regional Isolates in FHHR	Rate per 10,000
2001-04	118	5.3
2005	101	18.2
2006	86	15.9
2007	116	21.5

The diagram hereunder, depicts a survey of approximately 10% of MRSA isolates taken over a 12-month period, in Saskatchewan. This shows that the southern portion of the Province, including FHHR, is affected predominantly by the health-care associated types of MRSA. As one travels northwards in Saskatchewan, the proportion of community associated MRSA types, increases. Source: SDCL (Drs. J. Irvine and P. Levett, March 2008).





Some staphylococci are becoming resistant even to the fluoroquinolone group of antibiotics. To interrupt transmission of these and evolving resistant organisms, we need to:

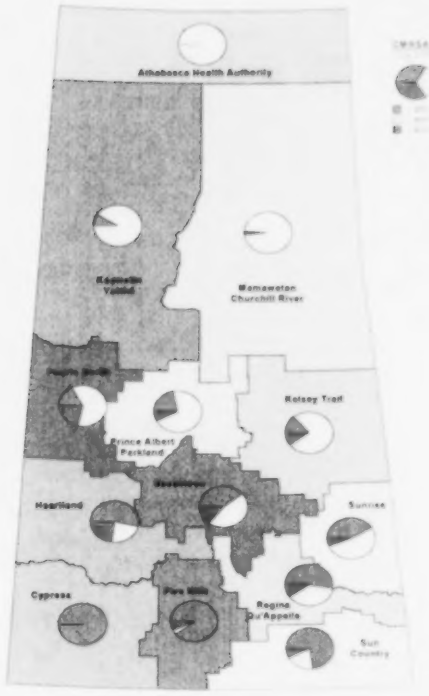
- know about the latest mechanisms of how this resistance is conferred, i.e. by plasmids and integrons
- realize that the old standbys of hand hygiene and barrier isolation precautions, remain critically important

We understand that future Accreditation Standards will include producing evidence of an appropriate hand-washing program for all Health Regions, with evidence of adherence to the required high standard, by all occupational groupings within Health Care.

1.4: Health-Facility-Associated Outbreaks in the FHHR:

This includes both enteric and respiratory outbreaks, in both Long-Term Care Facilities (LTC's), and Acute Care facilities, within the FHHR. Outbreak response requires considerable teamwork, and resources, to effectively combat the often complex outbreaks. Outbreak protocols require constant updating – a work-in-progress. The staff component within affected facilities is often stretched to the limit during outbreaks, especially over weekends. Complexities can include multiple simultaneous outbreak etiologies (organisms) within a single facility. A relatively new respiratory virus, Human MetaPneumoVirus (h-MPV) in particular has been identified, through a new laboratory test-kit, as the cause of both stand-alone and dual infections, in especially LTC's, as well as the general community. The under-mentioned table depicts the main outbreak categories for 2007 and 2008 to-date:

Year	Total # Outbreaks	# Enteric Outbreaks	# Respiratory Out-breaks
2006	12	10	2
2007	16	11	5
2008 to May incl.	20	8	12



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2008 to May incl.	20	8	12

2. **Special interest groups:**

Immigrants, refugees and otherwise, need a lot of assistance in order to settle successfully in our country. Access to health services is included in this process, and we need to continually strive to facilitate this process. This includes the necessary supports to facilitate the transition to the health services of a developed country such as ours. Language and cultural barriers present real obstacles to realizing this endeavour.

Ongoing close cooperation with Multicultural Centres is essential. Planning has enabled Public Health Nurses to begin screening Multicultural Centre immigrants as of (May, 2007), from a primary health care (PHC) perspective, and to liaise with specific physicians to expedite appropriate PHC modalities.

3. **The Importance of Health Status Assessments using amongst others surveys, personal interviews and measurements:**

As regards health behaviors, most of our information is based on self-reporting via agencies such as CIHI. In 2007, the FHHR is conducted an Adult and Senior Assessment survey, including an Anthropometric Assessment of a resident survey group.

References have been made in this document to facets of the above-mentioned survey.

This information continues to provide us with valuable insights into how best to combat rising levels of physical inactivity, and over nutrition. Diabetes and cardiovascular disease amongst others, are known complications hereof.

Based on the success and valuable information obtained from this survey, a (repeat) child and youth assessment study is envisaged.

4. **Teen Sexual Health Promotion:**

In addressing this issue, a teen Sexual Health focus group was conducted in FHHR. The purpose of this project was to identify sexual health issues and promote awareness of sexual health services for adolescents and young adults in FHHR. Our goal is to help improve their transition to high school and to make them aware of existing community resources that they can access for sexual health needs.

Public Health Nurses have delivered "Transition to High School" presentations to 11 schools in the Prairie South School Division within Five Hills Health Region. Evaluations were completed with Grade 9 students at three Moose Jaw high schools. Fifty percent of students surveyed reported the presentations improved their transition to high school and made them aware of existing community resources accessible to them for their sexual health needs. Public Health Nurses continue to promote sexual health programs to Five Hill Health Region teens.

2007-08 Results at a Glance

This section briefly highlights the significant events and accomplishments throughout the fiscal year including performance, strategic, operational, and financial achievements that pertain to goals and the financial summary.

During 2007-08 the Five Hills Health Region achieved many objectives and reached many successes that are in line with the strategic goals. There were also challenges in obtaining some goals and desired results. Below is a summary of the important highlights.

GOAL 1 IMPROVED ACCESS TO QUALITY HEALTH SERVICES

- Assiniboia Primary Health Care Team pilot project received funding for two full-time nurse practitioners to deliver serves in Assiniboia and surrounding rural sites.
- Primary Health Care is leading the regionalization of chronic disease management utilizing the Expanded Chronic Care Model through the Healthy Living Project Action Teams for diabetes, depression and healthy lifestyles. Consumers are active participants on the Action Teams with direct involvement in planning and developing improvements for chronic disease care.
- Two primary health care teams and one physician practice continue improvement activities and monitoring of patient outcomes as part of Health Quality Council's CDM Collaborative.
- The Five Hills Access Centre provides intake, assessment and care management services to help people access home care, long term care and other community services. A collaborative review of this service resulted in recommendations to improve services.
- Telehealth expanded into Assiniboia Union Hospital
- The region continues to participate actively in the South Regions Forum to improve patient access and flow between secondary and tertiary care facilities.
- Renal dialysis program expanded in June 2007
- CT volumes increased significantly compared to previous year.
- Region involved with the provincial hip/knee pathway development

GOAL 2 EFFECTIVE HEALTH PROMOTION AND DISEASE PREVENTION

- Community development progress has been significant with three communities working on falls prevention, one community working on healthy lifestyle choices and one community's work on reducing alcohol use and abuse.
- Population Health – a **population health promotion plan** has been developed and implemented
- The Medical Health Officer is effective in communicating disease prevention information to the public through the local media in areas such as West Nile Virus and outbreak management.

GOAL 3 RETAIN, RECRUIT AND TRAIN HEALTH PROVIDERS

- A plan to assist LPN's to be trained to full scope of practice was developed and implemented
- The Authority monitors the recruitment and retention of specialist and family physicians and measures results based on the physician human resource plan.
- The region received provincial grants to implement the following projects:
  - To provide specialized training to staff in the care of residents with dementia at the continuing care facility in Assiniboia. Once the project is complete, the model for improvement includes spreading the knowledge to other continuing care facilities in the region.
  - To provide mental health and addictions staff in the five southern Health Regions with Cognitive Behaviour Therapy Training (CBT)). CBT is widely accepted as the primary evidence-based psychological treatment in mental health and addictions services.
  - To provide funding for a Nursing Coordinator Position at the affiliate Providence Place. The incumbent has responsibilities for Staff Education and to provide relief for out of scope nurse managers.
  - Nurse mentorship
  - Public health train the trainer

GOAL 4 A SUSTAINABLE, EFFICIENT, ACCOUNTABLE, QUALITY HEALTH SYSTEM.

- Quality – The region has introduced a new quality initiative named **Pursuing Excellence** – that examines services from the patient, resident, clients' perspective and seeks to eliminate wasted steps and defects in the care and service delivery process. There are 50 process projects underway.
- Accreditation leadership team established to support a wide range of process improvement teams in assessing the standards of Accreditation Canada. Employee involvement in the Patient Safety Culture Survey provides feedback to senior management and the Authority on areas for improvement.

FINANCIAL SUMMARY

- There was an operating surplus of $1,754,793 on total funding of $101,542,741. Region is in the best financial position of all the provincial regional health authorities.
- Working with the region, Providence Place for Holistic Health Inc. (affiliate) has made significant progress on a balanced scorecard project. Once the trial is completed and refined, the intent is to adapt the balanced scorecard through the continuing care program, as applicable.

2007-08 Performance Results

GOAL 1
IMPROVED ACCESS TO QUALITY HEALTH SERVICES

Indicator	RHA Value	Provincial Value	Range	Target
Number of patients as a percentage of agreed on target for computed tomography (CT) services[6] *2007/2008*	115.6%	101.9%	92.0% - 155.6%	100%
Number of exams as a percentage of agreed on target for computed tomography (CT) services[6] *2007/2008*	111.5%	106.6%	75.8% - 139.2%	100%

Commentary: Saskatchewan Health has negotiated annual target volumes of patients with each health region. Patients can have more than one exam in a single visit. For this indicator, the number of patients refers to the number of visits, not discrete patients. So, if an individual patient has more than one visit over the course of a specified time period (e.g. quarter, year), they will be counted for each visit.

Indicator		RHA Value	Provincial Value	Range	Target
Percentage of Priority Level I, II, III and IV surgical cases completed within target time frames[12] *2007/2008*	Priority Level I within 3 weeks	91.3%	60.4%	47.4%—95.4%	95%
	Priority Level II within 6 weeks	78.2%	44.0%	32.0%—95.1%	90%
	Priority Level III within 3 months	88.2%	67.8%	48.6%—99.1%	90%
	Priority Level IV within 12 months	98.6%	89.2%	83.4%—100.0%	90%
Cumulative number of surgical cases performed as a percentage of target and variance from target[12] *2007/2008*	Percentage of target	98.3%	99.4%	92.2%—114.6%	100%
	Variance from target	-66	*not applicable*	*not applicable*	*not applicable*

Commentary: The region has placed special emphasis on this waiting in excess of 12 months. In addition, the variation experienced in Categories II and III are explained part by a local practice variation of our surgeons—an area that the measure is not sensitive to.

Indicator		RHA Value	Provincial Value	Range	Target
Number and percentage of surgical cases on wait list that have already waited over 6 months[12] *2007/2008*	Number	88	*not applicable*	*not applicable*	*not applicable*
	Percentage	13.9%	39.9%	6.9% – 47.0%	*to be determined*
Number and percentage of surgical cases on wait list that have already waited over 12 months[12] *2007/2008*	Number	*value suppressed*	*not applicable*	*not applicable*	*not applicable*
	Percentage	*value suppressed*	18.9%	0.0% – 23.1%	10%
Number and percentage of surgical cases on wait list that have already waited over 18 months[12] *2007/2008*	Number	*value suppressed*	*not applicable*	*not applicable*	*not applicable*
	Percentage	*value suppressed*	9.2%	0.0% – 11.7%	0%

Commentary: Values of less than 5 are suppressed due to risk of identifyability with small cell size

Indicator	RHA Value	Provincial Value	Range	Target
Average wait time for admission to alcohol and drug outpatient services [18] (in days) 2007/2008	12.3	*not applicable*	*not applicable*	*to be determined*
Average wait time for admission to alcohol and drug inpatient services[18,21] (in days) *2007/2008*	*not applicable*	*not applicable*	*not applicable*	*to be determined*
Average wait time for admission to alcohol and drug detoxification services[18,22] (in days) *2007/2008*	3.5	*not applicable*	*not applicable*	*to be determined*
Average wait time for admission to alcohol and drug stabilization services[18, 23] (in days) *2007/2008*	*not applicable*	*not applicable*	*not applicable*	*to be determined*

Commentary: This is a newly introduced indicator that is currently being developed/refined.

Indicator		RHA Value	Provincial Value	Range	Target
Percentage of RHA population with geographic proximity to primary health care teams *March 2008*		16.29%	27.08%	9.33% – 100.00%	25% of SK residents by 2006, 100% by 2011
Number of discrete clients receiving primary health care services in the RHA *2007/2008*	Q1	1,058	*not applicable*	*not applicable*	*not applicable*
	Q2	2,410			
	Q3	2,374			
	Q4	2,170			
Number of new (in development and established) and enhanced primary health care teams for the current year *2007/2008*	New teams in development	1	*not applicable*	*not applicable*	*not applicable*
	New teams established	1			
	Enhanced teams	0			

Commentary: Factors that affect the percentage of RHA population with geographic proximity to primary health care teams include: available budget at the provincial level, the signing of the Memorandum of Understanding between the Saskatchewan Medical Association (SMA) and the Regional Health Authorities, and availability of health care providers. Discrete patients are the patients that sought the services of the primary heath care team within the Regional Health Authority (RHA). Patients are only counted once by the team and the patient residence is not necessarily within the RHA.

Indicator		RHA Value	Provincial Value	Range	Target
Number of persons receiving a service from HealthLine for the RHA *2007/2008*	Q1	1,652	*not applicable*	*not applicable*	*not applicable*
	Q2	1,596			
	Q3	1,712			
	Q4	1,588			
	Year as a whole	6,548			

Commentary: All residents of the province have access to the toll-free number: 1-877-800-0002. TTY access is available for the hearing impaired. Translation services are also available for those requiring communication in a language other than English. Specially-trained social workers and registered psychiatric nurses (RPNs) are available to handle crisis calls and provide referrals.

GOAL 2
EFFECTIVE HEALTH PROMOTION AND DISEASE PREVENTION

Indicator	RHA Value	Provincial Value	Range	Target
Percentage of off reserve schools that are implementing healthy food / nutrition policies *as of September 1, 2007*	84.3	21.2	0.0 – 84.3	60% of schools by September 2011

Commentary: Prairie South School Division: 41 schools in FHHR, 41 schools (100%) with nutrition policy (division-wide policy); Holy Trinity Catholic School Division: 7 schools in FHHR, 2 schools (29%) with nutrition policy; Division scolaire francophone n° 310: 3 schools in FHHR, 0 schools (0%) with nutrition policy; Totals for FHHR: 51 schools in FHHR, 43 schools (84%) with nutrition policy

GOAL 3
RETAIN, RECRUIT AND TRAIN HEALTH PROVIDERS

Indicator		RHA Value	Provincial Value	Range	Target
Number of wage-driven premium hours (overtime and other premiums) per full time equivalent (FTE) by affiliation *2007/2008*	Provider Unions (CUPE, SEIU, SGEU)	21.80	45.68	18.53 – 91.96	*to be determined*[3]
	HSAS	7.26	23.72	0.10 – 131.05	*to be determined*[3]
	OOS/OTHER[1]	1.84	3.41	0.21 – 13.02	*to be determined*[3]
	SUN	32.83	84.78	32.83 – 351.02	*to be determined*[3]
	RWDSU[2]	*not applicable*	*not applicable*	*not applicable*	*to be determined*[3]
	Organization as a whole	21.46	48.46	18.95 – 131.14	*to be determined*[3]

Commentary: Wage-Driven Premium Hours (Overtime and other premiums)

Overtime hours have become an increasing concern for Regional Health Authorities (RHAs), the Saskatchewan Cancer Agency (SCA) and Saskatchewan Health over the past few years. Historically the department has not funded overtime hours, which results in these funds coming directly from organizations' operating budgets. Overtime hours tend to increase during periods of peak utilization and can be closely correlated with sick time being recorded by organizations – as sick time goes up and the available pool of employees diminishes, managers are forced to bring staff in / keep staff on in overtime situations. Not only is this financially problematic, the pressure on employees to maintain a high standard of care and service is taxed by continual overtime hours. Overtime hours can also be associated with understaffed areas or professions / positions that have typically been hard to recruit or retain employees.

Indicator		RHA Value	Provincial Value	Range	Target
Number of sick leave hours per full time equivalent (FTE) by affiliation *2007/2008*	Provider Unions (CUPE, SEIU, SGEU)	80.58	89.48	70.26 – 108.76	*to be determined* [3]
	HSAS	59.17	68.08	50.61 – 108.78	*to be determined* [3]
	OOS/OTHER[1]	43.69	50.23	41.95 – 70.10	*to be determined* [3]
	SUN	74.54	89.48	52.15 – 94.79	*to be determined* [3]
	RWDSU[2]	*not applicable*	*not applicable*	*not applicable*	*to be determined* [3]
	Organization as a whole	75.38	84.35	65.01 – 100.96	*to be determined* [3]
Number of lost-time WCB claims per 100 full time equivalents (FTEs) - *2007/2008*		7.06	7.12	0.00 – 9.02	*to be determined* [3]
Number of lost-time WCB days per 100 full time equivalents (FTEs) - *2007/2008*		602.72	451.26	0.00 – 677.35	*to be determined* [3]

Sick Leave

Work absence correlates closely with turnover, and therefore becomes an early warning of retention issues. It can also affect the morale of the employees who come to work every day (Fitzenz and Davison 1995). Addressing its root causes could contribute significantly to employee quality of life and the health care system's overall efficiency and cost-effectiveness.

Lost-time WCB Claims/Days

Workplace injuries in the health sector are influenced by a number of factors including the availability and uptake of occupational health and safety training, the existence of unrecognized risk, general employee knowledge and expectations regarding health and safety, and a lack of corporate commitment to have a "culture of safety" in the workplace. Research shows that when workplace safety is articulated and reinforced as one of the core operational values, injury rates and consequently costs to the system are lower.

The Saskatchewan Provincial Auditor recommends that regions commit at the board level to workplace safety by setting specific short-term targets, allocating resources, receiving regular reports and holding senior managers accountable for reducing injuries in the workplace.

GOAL 4 A SUSTAINABLE, EFFICIENT, ACCOUNTABLE, QUALITY HEALTH SYSTEM.					
Indicator		RHA Value	Provincial Value	Range	Target
Key activities undertaken by RHA to address public confidence reported *2007/2008* *[yes/no indicator]*	Q1	Yes	*not applicable*	*not applicable*	*significant activity is expected annually, but need not be reflected quarterly*
	Q2	Yes			
	Q3	Yes			
	Q4	Yes			

Commentary: Key activities include but are not limited to: i) Community development meetings in nine rural communities, ii) Provincial Auditor's report noted region has adequate rules and procedures to safeguard public resources, iii) balanced operating budget for fifth consecutive year, iv) primary health work with communities to improve healthy living and reduce substance abuse and injuries from falls, v) 50 quality improvement projects underway or beginning in 2008, vi) new stroke protocol initiated in Assiniboia, Gravelbourg and Central Butte, and vii) revised strategic plan released to public.

The Region has a current Emergency Response Plan to plan in place to mitigate management of different types of emergencies or disasters including: fire, violence, medical emergencies, evacuation, reception of casualties from a major community based disaster\emergency, missing patients, hostage taking, bomb threats and weather emergencies e.g. tornado warning. These "codes" are exercised yearly except code red fire drills which are conducted monthly in facilities where patients\residents\clients stay over-night and quarterly in other facilities e.g. Offices or clinics. Plans are updated or improved based on any action items noted resulting from exercises. In addition the region has plans re: outbreak/managing enteric outbreaks e.g. influenza and other emergencies e.g. loss of utilities. The Region is currently in the process of developing a formal pandemic plan which will be completed by March 31, 2009. A pandemic exercise will be planned to test the pandemic plan once it is completed. All Departments completed a pandemic planning framework in 2007. We have held several pandemic planning exercises - the most recent major pandemic tabletop exercise was held in December 2007 with all departments participating including Affiliates and HCOs.

FINANCIAL SUMMARY				
Indicator	RHA Value	Provincial Value	Range	Target
Surplus (deficit) [30]—2007/2008	$1,754,793	not applicable	($3,782,174) - $5,674,918	$0
Surplus (deficit) as a percentage of actual operating expenditures [30]—2007/2008	1.6%	not applicable	(2.6%) - 1.6%	0.0% - 0.5%
Number of days able to operate with working capital [30]—2007/2008	39.28	not applicable	(62.32) - 39.28	to be determined
Expenditures in program support funding pool as a percentage of total RHA operating expenditures [30]—2007/2008	4.0%	not applicable	4.0% - 10.8%	12% for Mamawetan Churchill River and Keewatin Yatthe 5% for

The Five Hills Health Region continues to operate with an operating surplus which is transferred each year to the capital fund. These capital funds, along with foundation contributions, donations and provincial grants combine to allow the region to purchase necessary equipment and furnishings.

Future Outlook and Emerging Issues

Strategic Themes—2007

Strategic themes are the building blocks around which the execution of the strategy occurs. On any day, there are hundreds of processes taking place in the region at the same time. There are strategic themes that must receive special attention and focus in any process.

- COMMUNITY ENGAGEMENT – reinforcing the importance of community development and improving communication
- CLIENT CENTERED SERVICE – providing exemplary customer service
- ACCESS – reducing waitlists and wait times for service; exploring alternatives to deliver service closer to home or community
- PRIMARY HEALTH CARE – expanding primary health care sites and chronic disease management throughout the health region
- EMERGENCY MEDICAL SERVICES (EMS) – supporting enhanced education for EMS personnel in pre-hospital care
- QUALITY – pursuing excellence is key to improving processes, flow and the customer experience
- SAFETY – creating a safe environment for staff and those we serve
- POPULATION HEALTH – influencing the health of the population
- HUMAN RESOURCE EXCELLENCE – through establishment of a quality workplace and a learning organization
- CAPITAL – securing provincial and local funding for new capital projects for the addition to Moose Jaw Union Hospital, future long term care needs and Angus Campbell facility
- ENVIRONMENTALLY RESPONSIBLE – reducing the impact of the region on the environment

Risk Management

The Five Hills Regional Health Authority adopted an ***enterprise risk management approach*** in late 2004/05. The Quality Improvement Unit of the Five Hills Health Region has been designated as the risk management committee for the organization. Top risks will be identified in the revised Plan for the FHRHA. Examples of some risks and associated responses have been summarized in the table that follows:

RISK DOMAINS:					
Operational	**Financial**	**Human Capital**	**Customer & Community Relations**	**Legal and Regulatory**	**Technology**
RISK MANAGEMENT (list not exhaustive, but indicative):					
Occurrence Reports Review of serious events Emergency Measures drills Infection Control Claims Management Chart reviews Program Reviews Management of workers' compensation claims Presentations (fiduciary responsibilities) Restraint policy and compliance Compliance with issue alerts Ensuring effective credentialing Monitoring and implementing compliance with standards on patient/ client/ resident safety	Policy Limits e.g. Purchasing, investments Financial audit Financial monitoring and reporting Contract reviews with third parties Review and reporting of dashboard indicators Maintaining capital reserves Having indemnity clauses in contracts	OH&S actions Employee Incident Reports Environmental safety Transfers, Lifts, Repositioning Training Strike contingency Harassment policy, process Conflict of Interest policy Human resource monitoring and reporting Credentialing Orientation programs for staff, volunteers, physicians, students Staff training Recruitment & retention	Complaints monitoring and investigation Single point of entry practice Advanced care directive policy and implementation Compliance with informed consent Review of research proposals Issues management Communication strategy for community interest items	Legislative compliance Ensuring certification and Licensing compliance Accreditation improvement plan Reporting OH&S requirements and reporting investigating results Reviewing and Reporting of Critical Incidents HIPA policies and compliance oversight Morbidity & mortality reviews	Compliance with product/ equipment alerts IT security monitoring IT data security policies and reviews Preventative Maintenance Planning for equipment replacement Capital planning Facility planning

While not a complete list, **opportunities and threats and the associated risks** encountered by the Regional Health Authority can be summarized as follows:

- **Demographic changes** – the population of the region is predicted to continue to decline. If past trends continue, out-migration from rural areas will be the most pronounced. The senior population will decline – only to peak again in 14 years with an aging baby boomer population. Retention of the young workforce – representing a source for future health workers and the future tax paying generation - will be a continued challenge. Services cannot and should not be sustained at their current levels. Services must evolve to meet the ever changing population needs.

- **Changing health needs and trends** – chronic illness care continues to emerge as the prevalent need in the population. The upstream challenge of obesity and a lack of physical activity will increase this strain on the health system. At the other end of the spectrum, the number of outbreaks and the risk of pandemic will also rise.

- Acute care system that is poorly designed for **chronic and complex care** needs that are emerging. Primary health care reform is slow to progress. Acute care services will continue to be burdened with waitlists created through the inappropriate (and lack of) care for those suffering from chronic illness.

- **Access issues** – patients continue to deal with access issues related to a lack of transportation, unnecessary waits for health services and a lack of access to tele-health and tele-home care alternatives.

- The multiple acute care systems – the **patient journey** is most likely to begin in a setting outside of the Health Region service – perhaps within a physician's office. The system of referral and information flow is poorly designed and requires modernization and standardization. In addition, patient flow between facilities, services and regions needs improvement – with every handoff creating risk of error and miscommunication. The lack of **information systems** to assist in what is currently a paper system need further focus. The false division between these private providers and multiple agencies needs to be resolved.

- **Staff recruitment and retention** will be an increasing challenge as the health region responds to the demographic reality of the population.

- **Patient safety** and system redesign needs to take place in order to match the safety standard of other industries – such as the airline industry.

- **Capital infrastructure**—rigid building designs will need to evolve with the change in needs and evolution of services.

Governance and Transparency

Responsibilities and Powers of the RHA

- Assess health needs
- Evaluate health services
- Develop operational plan
- Promote health and wellness
- Provide health services
- Coordinate health services
- Any other that the Minister may direct

The ***Regional Health Services Act, 2002*** established the responsibilities and powers of the Minister of Health and Regional Health Authorities.

RHA Committee Structure

Standing Committees of the Five Hills Regional Health Authority include:

- Executive Committee
- Planning Committee
- Policy Committee
- Ethics Advisory Committee
- Mental Health and Addictions Services Advisory Committee
- SAHO Resolutions Committee

Public Transparency

To ensure public transparency the Five Hills Regional Health Authority has undertaken the following activities:

2007/2008 Regular Meetings Held in a Public Forum:

- April 25: Moose Jaw
- May 30: Central Butte
- June 27: Moose Jaw
- August 29: Moose Jaw
- September 26: Moose Jaw
- November 28: Moose Jaw
- January 30, 2008: Moose Jaw
- February 20, 2008: Moose Jaw
- March 26, 2008: Chaplin

Internet Site Content:

- Minutes of the Regular Authority meetings
- 2007 Strategic Themes
- Strategic Plan—August 2007
- 2006-2007 Annual Report
- 2006-2009 Drug Strategy Report
- Leadership Philosophy
- Physician Resources Plan
- Physicians Accepting New Patients
- Privacy
- Careers
- Programs and Services
- Health Status Report 2005-2006
- Child and Youth Need Assessment Survey—2002
- Adult and Seniors Needs Assessment Survey—2006/07
- Age 0-5 Survey 1999

We're on the Web

www.fhhr.ca

Community Advisory Structure

The Regional Health Services Act Section 28 states:

- *A regional health authority shall establish one or more community advisory networks for the health region for the purpose of providing the regional health authority with advice respecting the provision of health services in the health region or any portion of the health region.*
- *The minister may provide directions to regional health authorities with respect to the establishment and composition of community advisory networks.*
- *Persons who participate in a community advisory network are not entitled to remuneration with respect to that participation.*

Communities and organizations that our health region currently interacts includes but is not limited to the following:

- Assiniboia Civic Improvement Association
- Assiniboia Union Hospital Auxiliary
- Badlands Recreational Committee
- Briercrest College
- Canadian Cancer Society
- Canadian Diabetes Association
- Cayer Trust (Willow Bunch)
- Central Butte and District Foundation
- Central Butte Union Hospital Auxiliary
- Child Action Committee (Moose Jaw)
- Child Action Group (Assiniboia)
- Child and Youth Interagency Committee
- Cosmo Senior Citizen's Centre
- Craik and District Foundation
- Craik Auxiliary
- Department of National Defense – 15 Wing
- Division scolaire francophone 310
- Elbow Auxiliary
- Emergency Measures Organizations
- Emergency Response Planning Committee
- Eyebrow Auxiliary
- File Hills Tribal Council
- Food Security Network
- Grasslands Trust Fund Corp.
- Grasslands Health Centre Auxiliary
- Holy Trinity Roman Catholic Separate School Division No. 22
- Housing Authorities
- John Howard Society
- Kincaid & District Health Centre Board Inc.
- Lafleche District Health Foundation Inc.
- Ludlow Trust
- Medical Advisory Committee
- Metis Nation
- Moose Jaw & District Senior Citizens Association
- Moose Jaw and District Interagency Committee
- Moose Jaw Families for Change
- Moose Jaw Health Foundation
- Moose Jaw Mental Health Housing Committee
- Moose Jaw Union Hospital Auxiliary
- Mossbank Trust
- Municipal Governments
- Pioneer Lodge Assiniboia Auxiliary
- Prairie South School Division No. 210
- Regency Hospital Auxiliary
- Regional Economic Development Authorities – Moose Jaw, Assiniboia, Red Coat
- Regional Intersectoral Committee
- Ross Payant Nursing Home Auxiliary
- SIAST - Palliser Campus
- South Central Recreation and Parks Association
- South Country Health Care Foundation
- Thunder Creek Rehabilitation Association
- Transition House
- Tugaske Auxiliary
- Unions
- Valley View Centre

The Authority has a network in place for receiving advice from a number and variety of communities. Primary Health Care development, with its significant community development component, will round out the existing network.

Payee Disclosure List

As part of government's commitment to accountability and transparency, the Department of Health and Regional Health Authorities disclose payments of $50,000 or greater made to individuals, affiliates and other organizations during the fiscal year. These payments include salaries, contracts, transfers, supply and service purchases and other expenditures.

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more

Aasen, Dianne	$	83,717
Abramsen, Andrea		72,288
Ackerman, Linda		67,581
Adrian, Shelly		60,336
Albinet, Laurie		81,823
Alderton, Cheryl		55,447
Allen, James		78,848
Allen, Lynda		50,009
Almeida, Kathy		59,935
Alraum, Isolde		69,971
Altwasser Bryant, Arla		56,378
Ambrose, Shelley		53,152
Amies, Michael		83,378
Anderson, Darrell		58,505
Anderson, Lori		72,263
Arseneau, Maureen		67,293
Awad El Kariem, Sawsan		317,666
Ayers, Nola		121,767
Baillot, Melanie		57,666
Bakke, Krista		72,993
Ballard, Gerry		81,196
Barnett, Krista		63,442
Barth, Darlene		51,921
Bastedo, J. Roger		71,964
Bauck, Deborah		67,554
Beaubien, Colette		70,970
Beesley, Craig		113,830
Bellrose, Sheila		60,328
Bender, Karen		62,787
Bengtson, Monica		59,817
Benoit, Ann		86,000
Bergen, Rachel		63,319
Bergeron, Barbara		60,628
Berjan, Florence		64,597
Blazieko, Joann		74,862
Blazieko, Wayne		145,870
Boerma, Lucinda		51,059
Bohlken, Dawn		50,931
Bonnor, Jim		62,914
Booth, Mary Lee		84,571
Boothman, Tami		69,106
Box, Kimberley		60,328
Boyczuk, Christine		65,569
Brandon, Raegan		59,071
Brenner, Teresa		62,275
Brinton, Peggy		66,215
Brisbin, Katherine		66,875
Brochu, Lynne		60,283
Broeder, Teresa		75,825
Buchanan, Tracy		50,762
Budd Wutke, Darla		65,930
Bumphrey, Brenda		71,796
Burns, Maureen		69,452
Butlin, Barbara		51,932
Cameron, Marcy		63,229
Campbell, Nimone		65,401
Campbell, Shauna		67,506
Campbell, Wanda		72,966
Campeau, Caroline		50,341
Carretero, Antonio		275,705
Cayer, Janice		63,677
Chaisson, Alfred		55,146
Chaisson, Clara		86,001
Chokani, Ann-Marie		83,635
Chow, Amy		68,769
Coates, Deborah		54,779
Cobb, Charlene		61,194
Cobbe, Carmen		59,091
Cochrane, Rod		77,209
Cole, Brenda		53,089
Cotter, Debra		55,888
Cox, Sheila		77,138
Craig, Cheryl		134,255
Cristo, Janet		55,409
Dancey, Colleen		68,887
Davies, Leslee		50,362
D'Entremont, Marc		56,796
Deobald, Brenda		76,295
Deringer, Gina		65,370
Dick, Denise		67,911
Dixon, Karen		66,775
Doepker, Bernie		60,246
Dombowsky, Eva		53,288
Donley, Teresa		73,961
Dowling, Michelle		65,649

Personal Services - Five Hills Health Region 2007/08

Dreger, Wanda	60,560
Driedger, Heather	64,584
Duncan, Nicole	61,493
Durand, Sylvia	66,955
Dushinski, Kim	74,184
Duzan, Nancy	55,492
Ebbett, Pamela	61,129
Ellert, Clara	63,576
Ellingson, Marie	71,435
Ellingson, Michelle	60,855
Engler, Kathryn	69,768
Engstrom, Leslie	65,242
Engstrom, Pamela	54,639
Erskine, Kimberly	58,357
Etches, Robert	291,281
Farwell, Faye	61,284
Ferguson, Dianne	102,317
Ferguson, James	62,470
Fernell, Karen	64,178
Ferraton, Tamara	50,326
Fieldgate, Catherine	78,806
Filipowich, Kathleen	69,971
Firomski, Curtis	50,981
Fitterer, Cheryl	60,425
Fitzpatrick, Gail Jani	67,680
Fjeldberg, Rynae	69,257
Flegel, Deborah	58,775
Flegel, Elaine	60,924
Florizone, Dan	197,563
Flowers, Barbara	80,973
Forrest, Lois	74,001
Fowler, Sandra	63,612
Francoeur, Lisa	64,684
Frank, Gwenith	71,244
Fraser, Dan	89,197
Freeman, Deborah	57,843
Froehlich, Kelly	68,287
Fryklund, Susan	67,117
Ganzer, Shelley	77,539
Gaucher, Adrien	98,914
Gilbert, Natasha	50,723
Gillies, Jennifer	57,174
Glenn, Sandra	59,900
Godin, Farlie	67,476
Good, Laurie	79,603
Goodison, Melonie	63,972
Goud, Dan	63,830
Goudie, Darlene	71,517
Grant, Mathilda	58,955
Gray, Deborah	50,996
Green, Janice	62,534
Griffin, Kathy	70,459
Guillaume, Allyson	68,030
Gummeson, Phyllis	69,415
Gyrlevich, Louise	68,572
Hadley Cole, Rona	72,656
Hagan, Gayle	60,848
Hager, Brad	65,455
Handfield, Leslie	53,246
Hanson, Teresa	53,939
Haque, Sameema	77,122
Hasmatali, Sheryl	66,642
Haukaas, Brenda	64,629
Hayden, Janice	57,238
Heath, Stacey	65,131
Heidecker, Kirk	63,354
Helland, Joanne	70,044
Hicks, Dorothy	50,986
Hicks, Pat	73,795
Hogeveen, Melissa	64,936
Hollinger, Trish	64,087
Howick, David	50,008
Huber, Marvin	64,806
Hudson, Donna	70,674
Hugg, Shauna	66,325
Hundeby, Janet	64,454
Hutchinson, Terry	112,729
Ireland, Diane	88,001
Ireland, Sharon	71,432
Jago, Terry	69,971
Jeffrey, Shannon	54,508
Johnson, Allyson	69,037
Johnson, Cynthia	68,087
Johnson, Darren	65,077
Johnson, Elaine	67,988
Johnson, Heather	66,666
Johnson, Pamela	66,438
Johnson, Wayne	77,296
Johnston, Donna	56,334
Josdal, Tyrone	114,391
Juell, Jody	58,270
Justason, Ave Berna	58,441
Karst, Teresa	74,362
Keall, Sylvia	70,400
Kergan, Guy	87,178
Kerr, Daniel	52,353
Kimball, Sandra	56,436
Kindrachuk, Joye	80,973

Personal Services - Five Hills Health Region 2007/08

King, Sherry	61,016
Kittler, Shelly	72,531
Kitts, Lynn	56,816
Knudson, Katherine	63,104
Konkin, Joan	62,243
Kowalski, Gwen	79,018
Krepakevich, Kevin	80,973
Kwan, Rhonda	58,521
Lalonde, Janet	76,290
Lambert, Colleen	75,312
Langdon, Karyn	70,190
Lapointe, Shirley	63,053
Larmour, Brent	69,152
Larocque, Mary	56,876
Law, Linda	71,123
Le Courtois, Robin	62,929
Lehmann, Karen	61,897
Lewis, Shawna	62,761
Liguori, John	109,731
Lind, Norma	69,833
Longworth, Linda	55,599
Longworth, Lorna	51,121
Lorencz, Therese	68,192
Lovick, Valerie	80,103
Lowes, Joanne	67,737
Ludke, Mona	65,929
MacDiarmid, Joyce	86,001
MacKenzie, Dawnidell	52,499
Macknak, Susan	91,541
Martyniuk, Bonita	70,792
Mattus, Donna	51,999
McBride, Shirley	64,061
McCormack, Evelyn	76,127
McFadden, Arin	61,814
McFadden, Brandy	65,552
McInnes, MaryEllen	72,875
McKenna, Jo-Ann	57,285
McMaster, Rhonice	55,680
Merifield, Danielle	61,836
Messner, Donna	50,554
Mielke, Janice	63,019
Millar, Frances	65,167
Miller, Gail	53,370
Miller, Lenore	52,179
Miller, Tamye	68,481
Miskiman, Chad	92,057
Mitchell, Jennifer	58,168
Mitchell, Muriel	50,019
Molde, Helen	75,335
Molsberry, Marjorie	51,751
Monea, Deborah	53,023
Montgomery, Marie Ros	70,098
Moore, Isabel	72,649
Moore, Jean	80,344
Morland, Darlene	77,032
Myers, Linda	62,035
Neal, Sheila	68,273
Neigel, Darcy	75,333
Newans, Robin	70,372
Nicholl, Timothy	53,300
Nicholls, Brenda	73,183
Nicolay, Sheree	62,862
Nicolson, Sharon	69,951
Nikolic, Shelley	53,681
Nouh, Mohamed	312,924
Oen, Barb	57,078
Ofstedahl, Donna	64,590
Ogle, Wanda	69,971
Oledzki, Joan	65,037
Ollenberg, James	56,331
Oram, Dianne	56,390
Orban, Doreen	52,946
O'Reilly, Audrey	86,832
Osemlak, Pauline	75,988
Oxley, James	90,356
Pardy, Arlene	70,847
Passmore, Arlene	51,928
Paul, Connie	69,953
Paulhus, Tanis	62,392
Pauli, Elizabeth	68,137
Paulowicz, Jeffrey	61,567
Pearson, Shannon	54,919
Pecusik, Catherine	77,073
Petersen, Joanne	55,601
Peterson, Eyvonne	79,357
Peterson, Lance	63,479
Petruic, Judy	55,384
Philipation, Travis	78,565
Pierce, Taryn	53,558
Preston, Peggy	58,033
Puckett, Lynn	87,779
Reay, Christine	67,176
Reihl, Debbie	65,165
Remoue, Marilyn	60,343
Rice, Christine	86,272
Richards, Tracy	56,032
Roach, Shelley	72,239
Robb, Donna	68,716

Personal Services - Five Hills Health Region 2007/08

Roberts, Christa	62,138
Robertson, Jackie	68,463
Rodgers, Marilyn	64,923
Rogers, Shannon	86,001
Rollie, Wendy	81,986
Rudd, Nola	55,192
Rumancik, Peter	68,531
Rusnak Weekes, Nicole	59,757
Rust, Johanne	75,862
Rusu, Troy	61,943
Ruzicka Olson, Corie	61,771
Ryan, Beverley	79,707
Sabourin, Dolores	70,335
Salaba, Janice	64,502
Saladana, Rita	63,524
Salido, Deign	76,950
Sanden, Wendy	59,612
Sanders, Anita	82,029
Savage, June	69,085
Schattenkirk, Dale	61,162
Schellenberg, Tara	67,405
Schick, Joyce	51,387
Schnare, Gwen	53,692
Scott, Deborah	75,024
Seaborg, Bonnie	66,921
Segall, Heather	88,548
Seida, Norine	86,001
Shelstad, Cynthia	80,331
Shiers, Mark	73,400
Shirkey, Patti	69,654
Shook, Shelley	51,612
Silvester, Paul	70,680
Silzer, Sharon	54,320
Simmons, Lorna	60,845
Sinclair, Juliet	74,162
Sjoberg, Ellen	71,760
Smith, Anita	58,086
Smith, Brenda BS	66,593
Smith, Brenda BL	64,906
Smith, Charlene	50,738
Smith, Darlene	87,405
Smith, Donna	58,658
Smith, Shelley	68,097
Sobottka, Bonnie	73,396
Sparks, Debbie	63,812
Spence, Laura	68,818
Stankewich, Brenda	60,110
Stapor, Paul	82,672
Statham, Cheri	70,085
Steckhan, Edna	85,843
Steel, Brenda	64,691
Stenerson, Wade	64,137
Stevens, Debra	64,956
Stewart, Cathy	70,427
Stobbs, John	62,010
Storozuk, Yvette	63,536
Strand, Cherise	64,168
Strange, Debra	84,969
Straub, Carol	70,722
Straub, Jacquelin	70,461
Striha, Lynn	71,815
Strom, Shelda	58,629
Sullivan, Maureen	66,275
Swanson, Kerry	68,438
Switzer, Betty	71,339
Tallon Dyck, Holly	50,939
Tendler, Cathy	58,209
Terry, Ernest	104,147
Theede, Maryanne	72,140
Thul, Lori	60,802
Tipper, Lisa	50,080
Tkachuk, Brian	77,865
Treleaven, Shelly	65,634
Trusty, Alice	69,441
Tysdal, Elizabeth	53,274
Urquhart, Debra	72,353
Ursan, James	56,498
Vaessen, Leisa	71,249
Vangen, Stacy	60,431
Vooght, Mark	205,277
Waldenberger, Vanessa	67,808
Waldon, James	66,171
Wanner, Brian	70,116
Ward, Cheryl	70,062
Warner, Tamara	50,792
Warren, Barbara	66,071
Warsi, Mohammed	351,762
Wasylenka, Dixie	67,948
Watling, Patricia	52,727
White, Patricia	54,830
Wicharuk, Judy	63,303
Willatt, Linda	69,542
Williams, Shannon	64,040
Wilm, Joanne	87,681
Wilson, Jolene	56,229
Winkler, Lucyna	68,487
Winter, David	60,786
Wittal, Gerrilynn	71,326

Personal Services - Five Hills Health Region 2007/08

Wohlberg Knelsen, Sharon		61,343
Wolfe, Jacquelin		70,347
Woloschuk Connor, Laurie		65,236
Wong, Gail		50,076
Wood, Darcy		62,210
Wozniak, Yvonne		64,831
Yaschuk, Kerry		56,836
Yost Walter, Lynda Lee		69,828
Zarubin, Amanda		62,244
Payees under $50,000		26,185,023
Total Personal Services	$	53,765,087

Transfers

Listed, by program, are transfers to recipients who received $50,000 or more.

Extendicare	$	5,349,983
Individualized Home Care Funding		193,618
Moose Jaw & District EMS		1,313,219
Moose Jaw Alcohol & Drug Abuse		882,192
Providence Place		10,959,298
St. Joseph's EMS Gravelbourg		219,065
St. Joseph's Hospital Gravelbourg		3,995,960
Thunder Creek Rehab Assoc Inc.		481,687
Wald Ambulance		501,154
	$	23,896,176

Supplier Payments

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment.

Abbott Laboratories Ltd.	$	470,386
Al-Begamy, Dr. Youssef		226,409
Alcon Canada Inc.		436,524
Alsask Fire Equipment Ltd.		101,202
AMT Electrosurgery		50,286
Baxter Corporation		52,391
Biomerieux Canada Inc.		113,294
Brennan Office Plus		86,585
Brown, Dr. Mark		51,883
Bunzl Canada		168,056
Can-Med Healthcare		79,469
Carestream Medical Ltd.		68,773
CEG Energy Options Inc.		413,185
Christie Group Ltd.		209,741
City Of Moose Jaw		139,252
CPDN - 3130827 Canada Inc.		578,403
Cu Credit Mastercard		162,387
Dade Behring Canada Inc.		171,288
Dautremont, Dr. Kevin		55,118
De Coteau, Dr. W. Earle		54,882
Dell Canada		164,442
Devilliers, Dr. Jean Pierre		98,343
Du Toit, Awie Radiology Prof. Corp.		860,410
Ecolab Ltd.		53,288
Eecol Electric Corp.		61,212
Enterprise Rent-A-Car		56,737
Fiber Tech		81,263
Futuremed Health Care Products		65,183
Gambro Inc.		171,510
Geyer, Dr. Willem J.		61,436
Great West Life Assurance Co.		406,347
Hailu, Dr. Tadesse Medical Prof.		145,019
Health Sciences Assoc Of Sask.		70,067
Heilman, James Medical Prof. Corp.		263,033
Hospira Heathcare Corp.		401,076
Instrumentation Laboratory		55,634
Johnson & Johnson Medical		133,707
Johnson Controls Ltd. #C3039		66,883
Johnson, Kathy		54,770
Jump.Ca		98,561
Kammer, Dr. Alexander		66,660
London Life		65,698
Louw, Dr. Alexander Francois		53,833
Luhning, Dr. Allan		88,674
Lynden International Logistics		61,114
Makada, Dr. Cassim		66,744
Marsh Canada Limited		212,182
Marx Medical Prof. Corp.		67,957
Mckesson Canada		386,529
Minister Of Finance Saskatchewan		709,389
Moose Jaw & District EMS		94,003
Moose Jaw Heating & Plumbing		116,615
Moose Jaw Transition House		197,696
Mouton, Dr. Andries		85,813
Olufowobi, Dr. Olufemi O.		54,162
Oyenubi, Dr. Abimbola		155,731
Pansegrouw, Dr. Sandra		279,759
Philips Electronics Ltd.		140,212
Prairie Janitorial Supply		82,270
Pretorius, Dr. Juan Marco		175,311
Provincial Medical Supplies		66,666

Supplier Payments - Five Hills Health Region 2007/08

Public Employees Pension Plan		208,318
Public Service Superannuation		52,353
Receiver General For Canada		20,161,387
Retief, Dr. Leon		80,015
Rossouw, Dr. Stephanus		100,414
SAHO		259,170
SAHO Dental Plan		588,339
SAHO DIP		1,627,444
SAHO Extended Health & Dental		1,611,083
Sanderson, Dr. Brian J.		74,605
Saputo Foods Limited		136,893
Sask Energy		508,848
Sask Power		958,006
Sask Registered Nurses Association		146,217
Sask Tel CMR		211,647
Sask Tel Mobility		76,521
Sask Workers' Compensation Board		1,206,476
Schaan Healthcare Products Inc.		1,023,060
Security Patrol & Investigators		73,309
SEIU Local 299 Moose Jaw		537,558
SHEPP		6,519,246
Sibley & Associates Inc.		106,619
Source Medical		261,678
Spies, Dr. Lodewyk Cornelis		165,088
St. Joseph's Hospital Gravelbourg		70,941
Steris Canada Inc.		73,584
Stevens Company Limited		235,939
Stryker Canada Inc.		65,321
Sun Provincial		284,539
Sunspun Food Service		458,969
Supreme Office Products Ltd.		201,067
Sysco Food Services		479,765
Thorpe, Dr. R. Brandon		51,766
Thunder Creek Rehab Assoc. Inc.		246,310
Tyco Healthcare Group Canada		218,116
Valley View Centre		961,354
Van Der Merwe, Dr. Schalk		127,863
Van Wyk, Dr Gerrit Prof. Corp.		434,488
VFA Canada		126,547
Vitalaire		65,256
Zimmer Of Canada Ltd.		180,711
Suppliers Payments under $50,000		6,638,296
Total Supplier Payments	$	57,900,579

Performance Management Summary

Indicator		RHA Value	Provincial Value	Range	Target
Organizational Effectiveness Indicators					
Quality					
Date of last CCHSA accreditation or when accreditation is scheduled *as of March 2008*		November 2005 *(next scheduled date November 2008)*	*not applicable*	*not applicable*	*to be determined*
Date when the RHA participated in the Institute for Safe Medication Practices (ISMP) Canada "Hospital Medication Safety Self-Assessment", or when participation is planned *as of March 2008*		September 2007	*not applicable*	*not applicable*	*to be determined*
Number of client contacts with the Quality of Care Coordinator to raise a concern *2006/2007*		213	*not applicable*	*not applicable*	*not applicable*
Percentage of concerns raised with a Quality of Care Coordinator concluded within 30 days *2006/2007*		88%	86%	52% – 99%	*to be determined*
Workforce Planning					
Distribution of health system full time equivalents (FTEs) by affiliation *2007/2008*	Provider Unions (CUPE, SEIU, SGEU)	812.37	*not applicable*	*not applicable*	*not applicable*
	HSAS	73.21			
	OOS/OTHER[1]	113.00			
	SUN	262.37			
	RWDSU[2]	*not applicable*			
	Organization as a whole	1,260.94			
Number of wage-driven premium hours (overtime and other premiums) per full time equivalent (FTE) by affiliation *2007/2008*	Provider Unions (CUPE, SEIU, SGEU)	21.80	45.68	18.53 – 91.96	*to be determined*[3]
	HSAS	7.26	23.72	0.10 – 131.05	*to be determined*[3]
	OOS/OTHER[1]	1.84	3.41	0.21 – 13.02	*to be determined*[3]
	SUN	32.83	84.78	32.83 – 351.02	*to be determined*[3]
	RWDSU[2]	*not applicable*	*not applicable*	*not applicable*	*to be determined*[3]
	Organization as a whole	21.46	48.46	18.95 – 131.14	*to be determined*[3]

Indicator		RHA Value	Provincial Value	Range	Target
Worked hours as a percentage of total hours by affiliation *2007/2008*	Provider Unions (CUPE, SEIU, SGEU)	78.4%	77.3%	73.3% – 80.2%	*to be determined*[3]
	HSAS	81.6%	79.9%	73.0% – 81.6%	*to be determined*[3]
	OOS/OTHER[1]	81.9%	81.8%	75.0% – 84.2%	*to be determined*[3]
	SUN	76.8%	74.0%	65.8% – 76.8%	*to be determined*[3]
	RWDSU[2]	*not applicable*	*not applicable*	*not applicable*	*to be determined*[3]
	Organization as a whole	78.6%	77.2%	72.5% – 79.9%	*to be determined*[3]
Number of sick leave hours per full time equivalent (FTE) by affiliation *2007/2008*	Provider Unions (CUPE, SEIU, SGEU)	80.58	89.48	70.26 – 108.76	*to be determined*[3]
	HSAS	59.17	68.08	50.61 – 108.78	*to be determined*[3]
	OOS/OTHER[1]	43.69	50.23	41.95 – 70.10	*to be determined*[3]
	SUN	74.54	89.48	52.15 – 94.79	*to be determined*[3]
	RWDSU[2]	*not applicable*	*not applicable*	*not applicable*	*to be determined*[3]
	Organization as a whole	75.38	84.35	65.01 – 100.96	*to be determined*[3]
Number of lost-time WCB claims per 100 full time equivalents (FTEs) - *2007/2008*		7.06	7.12	0.00 – 9.02	*to be determined*[3]
Number of lost-time WCB days per 100 full time equivalents (FTEs) - *2007/2008*		602.72	451.26	0.00 – 677.35	*to be determined*[3]
Percentage of employees self-identifying as Aboriginal—*2005/2006*[4]		*not available*	*not available*	*not applicable*	*to be determined*
Financial					
Surplus (deficit)[30]—*2007/2008*		$1,754,793	*not applicable*	($3,782,174) – $5,674,918	$0
Surplus (deficit) as a percentage of actual operating expenditures[30]—*2007/2008*		1.6%	*not applicable*	(2.6%) – 1.6%	0.0% – 0.5%
Working capital ratio (current ratio)[30]—*2007/2008*		1.80	*not applicable*	0.31 – 1.80	*to be determined*
Number of days able to operate with working capital[30]—*2007/2008*		39.28	*not applicable*	(62.32) – 39.28	*to be determined*

Indicator		RHA Value	Provincial Value	Range	Target
Communications and Issues Management					
Key activities undertaken by RHA to address public confidence reported *2007/2008* *[yes/no indicator]*	Q1	Yes	*not applicable*	*not applicable*	significant activity is expected annually, but need not be reflected quarterly
	Q2	Yes			
	Q3	Yes			
	Q4	Yes			
Program-Specific Indicators					
Province-Wide Services					
Number of patients as a percentage of agreed on target for magnetic resonance imaging (MRI) services[5] *2007/2008*		*not applicable*	93.6%	89.4% – 97.1%	100%
Number of exams as a percentage of agreed on target for magnetic resonance imaging (MRI) services[5] *2007/2008*		*not applicable*	97.8%	87.7% – 103.3%	100%
Number of actual hours of operation for magnetic resonance imaging (MRI) services[5] *2007/2008*		*not applicable*	*not applicable*	*not applicable*	*to be determined*
Number of patients as a percentage of agreed on target for computed tomography (CT) services[6] *2007/2008*		115.6%	101.9%	92.0% – 155.6%	100%
Number of exams as a percentage of agreed on target for computed tomography (CT) services[6] *2007/2008*		111.5%	106.6%	75.8 – 139.2%	100%
Number of actual hours of operation for computed tomography (CT) services[6] *2007/2008*		1,969	*not applicable*	*not applicable*	*to be determined*
Number of patients as a percentage of agreed on target for bone mineral densitometry (BMD) services[5] *2007/2008*		*not applicable*	84.7%	81.5% – 88.7%	100%
Number of actual hours of operation for bone mineral densitometry (BMD) services[5] *2007/2008*		*not applicable*	*not applicable*	*not applicable*	*to be determined*
Number of patient years of dialysis provided in the current fiscal year[7] *2007/2008*	Peritoneal	–	*not applicable*	*not applicable*	*to be determined*
	Hemodialysis	16.06			*to be determined*
	Total	16.06			*to be determined*

Indicator		RHA Value	Provincial Value	Range	Target
Current fiscal year's chronic kidney disease services levels as compared to previous fiscal year's levels[8] *As at December 31, 2007*	Number of chronic renal insufficiency patients	*not applicable*	*not applicable*	*not applicable*	*to be determined*
	Number of peritoneal dialysis patients				
	Number of home unit chronic hemodi-				
	Number of north/ south chronic hemo-				
	Number of people living with a kidney transplant				
Average wait time for admission to Saskatchewan Hospital North Battleford (SHNB)[9] (in days)		*not applicable*	*not applicable*	*not applicable*	*to be determined*
Length of stay efficiency of inpatient rehabilitation programs – Wascana Rehabilitation Centre and Saskatoon City Hospital[10] *2006/2007*	Stroke	*not applicable*	*not applicable*	*not applicable*	*to be determined*
	Brain Dysfunction				
	Spinal Cord Dysfunction				
	Orthopaedic Conditions				
	Neurological Conditions				
	Amputation of Limb				
	Major Multiple Trauma				
	Medically Complex				
	Debility				
	Cardiac				
	Pulmonary				
	Arthritis				
	Pain Syndrome				
	Other				
Alcohol and drug inpatient treatment completion rate per 100 admissions – Calder Centre[11] *2006/2007*	Child / Youth	*not applicable*	*not applicable*	*not applicable*	*to be determined*
	Adult				
Total number of patients seen at Telehealth sites within the RHA *2007/2008*		11	*not applicable*	*not applicable*	*to be determined*

Indicator		RHA Value	Provincial Value	Range	Target
Total number of hours of professional health education via Telehealth—*2007/2008*		283	*not applicable*	*not applicable*	*to be determined*
Total number of hours of public health education via Telehealth—*2007/2008*		50	*not applicable*	*not applicable*	*to be determined*
Total number of hours of professional health education events provided by the RHA via Telehealth—*2007/2008*		*not applicable*	*not applicable*	*not applicable*	*to be determined*
Total number of hours of public health education events provided by the RHA via Telehealth—*2007/2008*		*not applicable*	*not applicable*	*not applicable*	*to be determined*
Acute Care					
Number and percentage of surgical cases on wait list that have already waited over 6 months[12] *2007/2008*	Number	88	*not applicable*	*not applicable*	*not applicable*
	Percentage	13.9%	39.9%	6.9% – 47.0%	*to be determined*
Number and percentage of surgical cases on wait list that have already waited over 12 months[12] *2007/2008*	Number	*value suppressed*	*not applicable*	*not applicable*	*not applicable*
	Percentage	*value suppressed*	18.9%	0.0% – 23.1%	10%
Number and percentage of surgical cases on wait list that have already waited over 18 months[12] *2007/2008*	Number	*value suppressed*	*not applicable*	*not applicable*	*not applicable*
	Percentage	*value suppressed*	9.2%	0.0% – 11.7%	0%
Percentage of Priority Level I, II, III and IV surgical cases completed within target time frames[12] *2007/2008*	Priority Level I within 3 weeks	91.3%	60.4%	47.4% – 95.4%	95%
	Priority Level II within 6 weeks	78.2%	44.0%	32.0% – 95.1%	90%
	Priority Level III within 3 months	88.2%	67.8%	48.6% – 99.1%	90%
	Priority Level IV within 12 months	98.6%	89.2%	83.4% – 100.0%	90%
Cumulative number of surgical cases performed as a percentage of target and variance from target[12] *2007/2008*	Percentage of target	98.3%	99.4%	92.2% – 114.6%	100%
	Variance from target	-66	*not applicable*	*not applicable*	*not applicable*
Institutional Supportive Care					
Prevalence of pressure sores: percentage of institutional supportive care residents with pressure sores[13]—*as at the end of Q2 2007/2008*		–	–	–	*to be determined*

Indicator		RHA Value	Provincial Value	Range	Target
Case mix index for institutional supportive care facilities[13] *as at the end of Q2 2007/2008*		0.783	0.782	0.748 – 0.811	*to be determined*
Population Health Services					
Percentage of off reserve schools that are implementing healthy food / nutrition policies *as of September 1, 2007*		84.3	21.2	0.0 – 84.3	60% of schools by September 2011
Percentage of eligible population registered in SIMS and receiving recommended immunization at second birthday[14] *July 1, 2006 to June 30, 2007*	Diphtheria	81.2	69.8	53.3 – 85.7	*to be determined*
	Measles	78.7	69.5	53.3 – 82.1	
Influenza immunization rate per 100 population (age 65 years and over) - *2006/2007*		63%	63%	52% – 70%	*to be determined*
Percentage of licensed or regulated facilities inspected each year (pursuant to *The Public Health Act, 1994*) *2007/2008*	FEE – Food Eating Establishment	95	*not applicable*	68 – 100	80% – 100%
	FPL – Food Processing (Licensed)	89	*not applicable*	50 – 100	
	LA – Licensed Accommodations	100	*not applicable*	46 – 100	
	SP – Swimming Pools	100	*not applicable*	55 – 100	
	Public Water Supplies	100	*not applicable*	43 – 100	
Percentage of facilities in compliance with *The Tobacco Control Act* in the category that includes: billiard halls / bingo establishments / bowling centres / casinos / restaurants / taverns[15] *2007/2008*		84.1%	96.7%	84.1% – 100.0%	90% compliance
Percentage of population (age 12 years and over) who are current (daily or occasional) smokers[15] *2005*[16]	Males	25.01	25.13	19.95 – 41.75	*to be determined*
	Females	20.18	23.30	16.36 – 32.31	
Number of new diabetes cases (incidence) and existing (old and new) diabetes cases (prevalence) per 1,000 population—*2005/2006*	Incidence	7.3	5.4	1.3 – 7.3	*to be determined*
	Prevalence	72.1	62.0	17.3—81.4	

Indicator		RHA Value	Provincial Value	Range	Target
Percentage of increase in needle exchange rates over previous year[17] — *2006/2007*		170.6%	11.2%	-42.2% – 170.6%	*to be determined*
Community Care Services					
Alcohol and drug outpatient treatment completion rate per 100 admissions *2006/2007*		48.0%	57.9%	34.7% – 73.9%	*to be determined*
Average wait time for admission to alcohol and drug outpatient services[18] (in days) *2007/2008*		12.3	*not applicable*	*not applicable*	*to be determined*
Primary Health Services					
Percentage of RHA population with geographic proximity to primary health care teams *March 2008*		16.29%	27.08%	9.33% – 100.00%	25% of SK residents by 2006. 100% by 2011
Number of discrete clients receiving primary health care services in the RHA *2007/2008*	Q1	1,058	*not applicable*	*not applicable*	*not applicable*
	Q2	2,410			
	Q3	2,374			
	Q4	2,170			
Number of persons receiving a service from HealthLine for the RHA *2007/2008*	Q1	1,652	*not applicable*	*not applicable*	*not applicable*
	Q2	1,596			
	Q3	1,712			
	Q4	1,588			
	Year as a whole	6,548			
Number of new (in development and established) and enhanced primary health care teams for the current year *2007/2008*	New teams in development	1	*not applicable*	*not applicable*	*not applicable*
	New teams established	1			
	Enhanced teams	0			
Emergency Response Services					
Percentage of calls where the maximum qualification of all personnel on the call was less than Emergency Medical Technician (EMT) *2006/2007*		0.00%	0.76%	0.00% – 10.10%	*to be determined*
Mental Health and Addiction Services					
Average daily census (ADC), occupancy rates, and average length of stay (ALOS) for mental health inpatient services[19] *2006/2007*	ADC	12	173	5 – 51	*to be determined*
	Occupancy rate	84.6%	75.7%	52.5% – 91.7%	*to be determined*
	ALOS	12.9	15.1	10.2 – 19.1	*to be determined*

Indicator		RHA Value	Provincial Value	Range	Target
Percentage of mental health inpatient separations where readmission occurred within 7 days[19] *2006/2007*		5.7%	4.9%	1.2% – 9.2%	*to be determined*
Alcohol and drug inpatient treatment completion rate per 100 admissions[20] *2006/2007*		*not applicable*	73.2%	55.1% – 77.6%	*to be determined*
Average wait time for admission to alcohol and drug inpatient services[18,21] (in days) *2007/2008*		*not applicable*	*not applicable*	*not applicable*	*to be determined*
Average wait time for admission to alcohol and drug detoxification services[18,22] (in days) *2007/2008*		3.5	*not applicable*	*not applicable*	*to be determined*
Average wait time for admission to alcohol and drug stabilization services[18,23] (in days) *2007/2008*		*not applicable*	*not applicable*	*not applicable*	*to be determined*
Average wait time for admission to alcohol and drug long term residential treatment services[18,24] (in days) *2007/2008*		*not applicable*	*not applicable*	*not applicable*	*to be determined*
Program Support Services					
Expenditures in program support funding pool as a percentage of total RHA operating expenditures[30] *2007/2008*		4.0%	*not applicable*	4.0% – 10.8%	12% for Mamawetan Churchill River and Keewatin Yatthe; 5% for all
Health Status and Outcome Indicators					
Infant mortality rate per 1,000 live births[25] *2002-2004*		9.1	5.9	4.0 – 10.5	*to be determined*
Low birth weight rate per 100 live births[25] *2002-2004*		5.2	5.4	3.7 – 6.0	*to be determined*
High birth weight rate per 100 live births[25] *2002-2004*		14.0	15.7	12.9 – 31.1	*to be determined*
Potential years of life lost per 100,000 population (age 0 to 74 years)[15] *2001*[26]	Circulatory Diseases	1,145.3	951.5	817.9 – 1,208.9	*to be determined*
	All Malignant Neoplasms	1,554.9	1,483.1	1,126.0 – 1,706.8	

Indicator		RHA Value	Provincial Value	Range	Target
Disability-free life expectancy (at birth)[15] *1996[27]*	Males	66.5	66.6	61.8 – 69.2	*to be determined*
	Females	69.8	70.0	63.2 – 72.5	
Disability-free life expectancy (at age 65 years)[15] *1996[27]*	Males	11.2	11.2	8.7 – 12.1	*to be determined*
	Females	12.7	12.7	8.4 – 13.2	
Life expectancy (at birth)[15] *2001[28]*	Males	75.7	76.2	72.1 – 78.2	*to be determined*
	Females	81.6	81.8	76.1 – 82.8	
Life expectancy (at age 65 years)[15] *2001[28]*	Males	16.2	16.9	15.6 – 18.0	*to be determined*
	Females	20.6	20.9	17.2 – 21.8	
Self-rated health status: percentage of population (age 12 years and over) who report their health as very good or excellent[15] *2005[16]*		55.69	52.35	39.86% – 57.96%	*to be determined*
Percentage of population (age 18 to 64 years) who are overweight or obese[15] *2005[16]*	Overweight (BMI 25.0-29.9)	32.74	32.52	30.53 – 36.12	*to be determined*
	Obese (BMI 30.0+)	18.33	20.03	16.88 – 24.19	
Percentage of population (age 12 years and over) who report physical activity participation levels of active / moderately active or inactive[15] *2005[16]*	Active / moderately active	46.44	48.62	38.60 – 53.35	*to be determined*
	Inactive	51.25	49.52	44.06 – 58.77	
Number of visits to a physician for a mental health reason *2006/2007*	General Practitioners	17,739	*not applicable*	*not applicable*	*not applicable*
	Psychiatrists	576			
Age-sex adjusted diabetes prevalence rate per 1,000 population[29] *2005/2006*		58.6	*not applicable*	44.3 – 101.7	*to be determined*
Injury hospitalization rate per 1,000 population (age 0 to 19 years) *2005/2006*	Males	13.1	10.6	7.2 – 17.7	*to be determined*
	Females	8.2	7.0	5.0 – 14.2	
Hospitalization rate due to falls per 1,000 population (age 65 years and over) *2005/2006*	Males	17.5	14.3	8.6 – 35.3	*to be determined*
	Females	32.6	26.4	21.7 – 39.9	

Notes:

Please refer to the document "Performance Management Accountability Indicators" for detailed indicator descriptions.

1. The OOS/OTHER category includes all non-unionized employees on the SAHO Payroll system, not just management personnel.
2. The RWDSU category is applicable to Regina Qu'Appelle only.
3. Benchmark development is still in progress for the workforce planning indicators. In the interim, it is suggested that the provincial value or that of the best performer be used as the target.
4. The most recent data for the "Percentage of employees self-identifying as Aboriginal" indicator is from 2005/2006, and is not available for Five Hills, Cypress, Heartland, Prairie North, the Saskatchewan Cancer Agency, or the province as a whole.
5. MRI and bone mineral densitometry indicators are applicable to Regina Qu'Appelle and Saskatoon only.
6. CT indicators are applicable to Cypress, Five Hills, Prairie North, Prince Albert Parkland, Regina Qu'Appelle, Saskatoon, and Sunrise only.
7. Patient years of dialysis indicator is applicable to Cypress, Five Hills, Regina Qu'Appelle, Saskatoon, Kelsey Trail, Prairie North, Prince Albert Parkland, Sun Country, and Sunrise only.
8. Chronic kidney disease services indicator is applicable to Regina Qu'Appelle and Saskatoon only.
9. SHNB indicator is applicable to Prairie North only.
10. "Length of stay efficiency of inpatient rehabilitation programs" indicator is applicable to Regina Qu'Appelle (Wascana Rehabilitation Centre) and Saskatoon (Saskatoon City Hospital) only. The two facilities are not peers, in terms of their inpatient rehabilitation programs; therefore, their results should not be compared to each other.
11. "Alcohol and drug inpatient treatment completion rate – Calder Centre" is applicable to Saskatoon only.
12. The 2007/2008 target volume of surgeries to be performed by each RHA was negotiated between that RHA and Saskatchewan Health.
13. Due to the small number of institutional supportive care residents in Mamawetan Churchill River and Keewatin Yatthé, the case mix index and pressure sores indicators are not applicable to these regions. Please note that the methodology for both indicators is currently being revised, and that values may change from those previously reported.
14. The Saskatchewan Immunization Management System (SIMS) does not capture on-reserve immunizations.
15. Mamawetan Churchill River, Keewatin Yatthé and Athabasca Health Authority were grouped together as "Northern Health Regions" for this indicator.
16. The most recent Canadian Community Health Survey (CCHS) data is Cycle 3.1 (2005). Therefore, the results are the same as those reported for 2006/2007.
17. Needle exchange program indicators are applicable to Five Hills, Keewatin Yatthé, Mamawetan

Churchill River, Prairie North, Prince Albert Parkland, Regina Qu'Appelle, and Saskatoon only.

18. Data collection through the Alcohol, Drug and Gambling Information System (ADGIS) started in April 2007. Implementation is ongoing, and system and data entry issues continue to be identified and resolved. Due to these issues, 2007-08 average wait times for some RHAs have been calculated using an average of quarterly results for 2007-08, rather than the annual average.

19. Mental health inpatient indicators are not applicable to Heartland, Keewatin Yatthé, Kelsey Trail, and Mamawetan Churchill River.

20. "Alcohol and drug inpatient treatment completion rate" is applicable to Keewatin Yatthé, Mamawetan Churchill River, Prairie North, Prince Albert Parkland, Regina Qu'Appelle, and Saskatoon only.

21. "Average wait time for admission to alcohol and drug inpatient services" is applicable to Keewatin Yatthé, Mamawetan Churchill River, Prairie North, Prince Albert Parkland (youth services), Regina Qu'Appelle, and Saskatoon (both adult and youth services) only. 2007-08 results for Keewatin Yatthé and Regina Qu'Appelle are based on a very low number of cases, and therefore may not be reliable.

22. "Average wait time for admission to alcohol and drug detoxification services" is applicable to Five Hills, Keewatin Yatthé, Mamawetan Churchill River, Prairie North, Regina Qu'Appelle, and Saskatoon only. 2007-08 results for Keewatin Yatthé and Mamawetan Churchill River are based on a very low number of cases, and therefore may not be reliable.

23. "Average wait time for admission to alcohol and drug stabilization services" is applicable to Regina Qu'Appelle and Saskatoon only.

24. "Average wait time for admission to alcohol and drug long term residential treatment services" is applicable to Prairie North only.

25. Starting 2005/2006, the calculation methodology for the "Infant mortality rate", "Low birth weight rate" and "High birth weight rate" indicators changed from what was used previously. The time period also changed (three consecutive years, instead of five). Because these measures are calculated on a three-year basis, results are the same as those reported in 2005/2006 and 2006/2007.

26. Statistics Canada calculates this measure intermittently. The most recent is based on 2000 through 2002 death data and 2001 population estimates. Therefore, results are the same as those reported for 2005/2006 and 2006/2007.

27. Statistics Canada no longer calculates this measure (a similar measure, "Health Adjusted Life Expectancy (HALE)", exists but is not available at the regional level). Therefore, results are the same as those reported for 2004/2005 through 2006/2007.

28. Statistics Canada calculates this measure every 5 years, based on the latest census (2001). Therefore, results are the same as those reported for 2004/2005 through 2006/2007.

29. Starting 2005/2006, diabetes cases are determined using an enhanced version of the methodology (the prescription drug database is now used along with the hospital separations and physician services databases). Caution should be exercised if comparing results to those presented in the 2004/2005 summary. The age-sex adjusted rates were calculated using 1996 Statistics Canada Census populations for Saskatchewan by sex and ten-year age groups.

30. Values are based on data from final, unaudited financial statements.

Management Report

June 16, 2008

FIVE HILLS HEALTH REGION

REPORT OF MANAGEMENT

The accompanying financial statements are the responsibility of management and are approved by the Five Hills Regional Health Authority. The financial statements have been prepared in accordance with Canadian Generally Accepted Accounting Principles and the Financial Reporting Guide issued by Saskatchewan Health, and of necessity include amounts based on estimates and judgments. The financial information presented in the annual report is consistent with the financial statements.

Management maintains appropriate systems of internal control, including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and the financial records are relevant and reliable.

The Authority is responsible for reviewing the financial statements and overseeing Management's performance in financial reporting. The Authority meets with Management and the external auditors to discuss and review financial matters. The Authority approves the financial statements and the annual report.

The appointed auditor conducts an independent audit of the financial statements and has full and open access to the Regional Health Authority. The auditor's report expresses an opinion on the fairness of the financial statements prepared by Management.

Dan Florizone
Chief Executive Officer

Wayne Blazieko
Chief Financial Officer

2007-2008 Financial Report

Canadian Generally Accepted Auditing Standards require the auditor appointed by the RHA review the annual report prior to release. The auditor's review is to ensure the financial statements and auditor's reports are adequately reproduced, and to ensure any other information presented within the report is consistent with the financial statements. Once the auditor has reviewed the annual report and determined it is accurate, they will provide the RHA with permission to include their signature in the annual report.

FIVE HILLS REGIONAL HEALTH AUTHORITY

FINANCIAL STATEMENTS

For the Year Ended March 31, 2008

VIRTUS GROUP

Chartered Accountants & Business Advisors LLP

AUDITORS' REPORT

To the Five Hills Regional Health Authority

We have audited the statement of financial position of the Five Hills Regional Health Authority as at March 31, 2008 and the statements of operations and changes in fund balances and cash flow for the year then ended. These financial statements are the responsibility of the Authority's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of Five Hills Regional Health Authority as at March 31, 2008 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

May 7, 2008
Regina, Saskatchewan

Virtus Group

Chartered Accountants

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Statement 1

FIVE HILLS REGIONAL HEALTH AUTHORITY
STATEMENT OF FINANCIAL POSITION
As at March 31, 2008

	Operating Fund	Restricted Funds: Capital Fund	Restricted Funds: Community Trust Fund	Total 2008	Total 2007 (Note 10)
ASSETS					
Current assets					
Cash and short-term investments (Statement 3)	$ 12,964,468	$ 10,735,971	$ 192,187	$ 23,892,626	$ 18,595,263
Accounts receivable					
Saskatchewan Health - General Revenue Fund	290,846	-	-	290,846	498,609
Other	909,168	52,415	22,505	984,088	829,149
Inventory	856,616	-	-	856,616	810,918
Prepaid expenses	1,047,896	-	-	1,047,896	1,106,386
	16,068,994	10,788,386	214,692	27,072,072	21,840,325
Investments (Market $1,508,437; 2007 - $1,660,870)	70,899	459,333	862,289	1,392,521	1,545,191
Capital assets (Note 3)	-	18,274,565	-	18,274,565	20,776,409
Total Assets	$ 16,139,893	$ 29,522,284	$ 1,076,981	$ 46,739,158	$ 44,161,925
LIABILITIES & FUND BALANCES					
Current liabilities					
Accounts payable	$ 3,721,675	$ 12,322	$ -	$ 3,733,997	$ 4,015,144
Accrued salaries	2,494,776	-	-	2,494,776	1,902,096
Vacation payable	4,889,159	-	-	4,889,159	4,805,303
Mortgages payable - Current (Note 5)	-	108,593	-	108,593	100,033
Deferred Revenue (Note 6)	3,806,381	-	-	3,806,381	2,820,517
	14,911,991	120,915	-	15,032,906	13,643,093
Long Term Liabilites					
Long Term Leases Payable	-	-	-	-	-
Mortgages payable (Note 5)	-	2,014,166	-	2,014,166	2,122,865
Total Liabilities	14,911,991	2,135,081	-	17,047,072	15,765,958
Fund Balances (Statement 2)					
Invested in capital assets	-	16,151,806	-	16,151,806	18,553,512
Externally restricted (Schedule 3)	-	-	1,076,981	1,076,981	1,102,008
Internally restricted (Schedule 4)	-	748,191	-	748,191	706,795
Unrestricted	1,227,902	10,487,206	-	11,715,108	8,033,652
Fund balances – (Statement 2)	1,227,902	27,387,203	1,076,981	29,692,086	28,395,967
Total Liabilities & Fund Balances	$ 16,139,893	$ 29,522,284	$ 1,076,981	$ 46,739,158	$ 44,161,925

Approved by the board of directors:

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See accompanying notes to the Financial Statements.

Statement 2

FIVE HILLS REGIONAL HEALTH AUTHORITY
STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES
For the Year Ended March 31, 2008

	Operating Fund			Restricted			
	Budget 2008	2008	2007 (Note 10)	Capital Fund 2008	Community Trust Fund 2008	Total 2008	Total 2007 (Note 10)
REVENUES							
Saskatchewan Health - General	$ 100,362,304	$ 101,542,741	$ 94,963,910	$ 2,574,555	$ -	$ 2,574,555	$ 1,372,839
Other Provincial	424,796	343,658	332,182	61,290	-	61,290	52,688
Federal Government	77,800	95,700	89,411	-	-	-	-
Funding from other Provinces	-	-	-	-	-	-	-
Special Funded Programs	818,121	767,364	742,660	-	-	-	-
Patient Fees	3,378,800	3,422,234	3,391,049	-	-	-	-
Out of Province (Reciprocal)	528,300	735,768	558,198	-	-	-	-
Out of Country	40,000	61,902	37,088	-	-	-	-
Donations	17,000	38,444	151,878	592,563	-	592,563	538,310
Investment	455,700	684,641	603,102	358,638	47,812	406,450	282,423
Ancillary	147,700	146,357	149,375	20,600	-	20,600	20,600
Recoveries	1,385,409	1,747,737	1,546,603	-	-	-	-
Other	13,849	18,977	25,906	122,843	-	122,843	53,333
	107,649,779	109,605,523	102,591,362	3,730,489	47,812	3,778,301	2,320,193
EXPENSES							
Province Wide Acute Care Services	1,381,063	1,399,280	1,124,327	4,500	-	4,500	-
Acute Care Services	37,347,919	38,105,768	36,002,420	2,786,928	19,358	2,806,286	2,579,226
Physician Compensation - Acute	5,428,610	5,590,668	5,070,009	-	-	-	-
Supportive Care Services	33,547,054	33,542,487	31,740,419	1,312,957	-	1,312,957	1,305,824
Home Based Service - Supportive Care	6,003,073	5,976,953	5,640,721	16,373	53,481	69,854	46,518
Population Health Services	3,182,565	3,095,333	2,871,566	22,329	-	22,329	22,636
Community Care Services	5,540,524	5,239,925	4,707,472	-	-	-	-
Home Based Services - Acute & Palliative	1,082,634	1,112,388	1,017,824	-	-	-	-
Primary Health Care Services	1,437,837	1,361,957	1,198,072	19,779	-	19,779	20,291
Emergency Response Services	2,316,031	2,426,646	2,242,591	1,270	-	1,270	1,605
Mental Health Services - Inpatient	2,070,658	2,259,388	2,037,538	-	-	-	-
Addictions Services - Residential	808,244	831,244	778,126	-	-	-	18,505
Physician Compensation - Community	1,732,233	1,669,948	1,678,687	-	-	-	-
Program Support Services	4,761,609	4,298,267	3,855,297	-	-	-	-
Special Funded Programs	855,069	789,968	769,351	-	-	-	-
Ancillary	152,093	150,510	141,913	-	-	-	-
Total Expenses (Schedule 1)	107,647,216	107,850,730	100,876,333	4,164,136	72,839	4,236,975	3,994,605
Excess (Deficiency) of revenues over expenses	$ 2,563	1,754,793	1,715,029	(433,647)	(25,027)	(458,674)	(1,674,412)
Fund Balances, beginning of year		1,227,902	1,227,902	26,066,057	1,102,008	27,168,065	27,127,448
Interfund transfers (Note 14)		(1,754,793)	(1,715,029)	1,754,793	-	1,754,793	1,715,029
Fund balances, end of year		$ 1,227,902	$ 1,227,902	$ 27,387,203	$ 1,076,981	$ 28,464,184	$ 27,168,065

See accompanying notes to the Financial Statements

Statement 3

FIVE HILLS REGIONAL HEALTH AUTHORITY
STATEMENT OF CASH FLOW
For the Year Ended March 31, 2008

	Operating Fund		Restricted Fund			
	2008	2007 (Note 10)	Capital Fund	Community Trust Fund	Total 2008	Total 2007 (Note 10)
Cash Provided by (used in):	**Operating Activities**		**Financing and Investing Activities**			
Excess (deficiency) of revenue over expenses	$ 1,754,793	$ 1,715,029	$ (433,647)	$ (25,027)	$ (458,674)	$ (1,674,412)
Net change in non-cash working capital (Note 7)	1,467,591	908,406	(11,744)	(8,978)	(20,722)	58,595
Amortization of capital assets	-	-	3,785,912	-	3,785,912	3,756,881
Investment income on long-term investments	-	-	-	-	-	-
Gain/(loss) on disposal of capital assets	-	-	-	-	-	-
	3,222,384	2,623,435	3,340,521	(34,005)	3,306,516	2,141,064
Purchase of capital assets						
Buildings/construction	-	-	(112,856)	-	(112,856)	(2,307)
Equipment	-	-	(1,171,212)	-	(1,171,212)	(612,343)
Proceeds on disposal of capital assets						
Buildings	-	-	-	-	-	-
Equipment	-	-	-	-	-	-
Purchase of long-term investment	8,225	(5,597)	154,528	(10,083)	144,445	(350,936)
	8,225	(5,597)	(1,129,540)	(10,083)	(1,139,623)	(965,586)
Repayment of debt	-	-	(100,139)	-	(100,139)	(92,366)
Net increase (decrease) in cash & short term investments during the year	3,230,609	2,617,838	2,110,842	(44,088)	2,066,754	1,083,112
Cash & short term investments, beginning of year	11,488,652	10,585,843	6,870,336	236,275	7,106,611	4,308,470
Interfund transfers (Note 14)	(1,754,793)	(1,715,029)	1,754,793	-	1,754,793	1,715,029
Cash & short term investments, end of year (Schedule 2)	**$ 12,964,468**	**$ 11,488,652**	**$ 10,735,971**	**$ 192,187**	**$ 10,928,158**	**$ 7,106,611**
Amounts in cash balances						
Cash & short term investments	**$ 12,964,468**	**$ 11,488,652**	**$ 10,735,971**	**$ 192,187**	**$ 10,928,158**	**$ 7,106,611**

See accompanying notes to the Financial Statements

FIVE HILLS REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As At March 31, 2008

1. Legislative Authority

On August 1, 2002, the Legislative Assembly passed *The Regional Health Services Act* (The Act). The Act created the Regional Health Authorities for the purpose of governing the delivery of health services as well as establishing and governing Health Regions in the province of Saskatchewan. The Five Hills Regional Health Authority was created by the Act. The Five Hills Regional Health Authority (RHA) is responsible for the planning, organization, delivery, and evaluation of health services it is to provide within the geographic area known as the Five Hills Health Region.

The Five Hills Regional Health Authority is a non-profit organization and is not subject to income and property taxes from the federal, provincial and municipal levels of government.

2. Significant Accounting Policies

These financial statements have been prepared in accordance with Canadian generally accepted accounting principles and include the following significant accounting policies.

a) Health Care Organizations

i) The RHA has agreements with and grants funding to the following CBOs and third parties to provide health services:

Extendicare (Canada) Inc.
Moose Jaw Alcohol and Drug Abuse Society Inc.
Canadian Mental Health Association (Saskatchewan Division)
Thunder Creek Rehabilitation Association Inc.
Lifeline Ambulance Service Inc.
Wald Ambulance Ltd.

Note 9 b) i) provides disclosure of payments to CBOs and third parties.

ii) The following affiliates are incorporated as follows (and are registered charities under the Income Tax Act):

Providence Place for Holistic Health Inc. – Non profit Corporations Act
St. Joseph's Hospital (Grey Nuns) of Gravelbourg – Non profit Corporations Act

The RHA provides annual grant funding to these organizations for the delivery of health care services. Consequently, the RHA has disclosed certain financial information regarding these affiliates.

Note 9 b) ii) provides supplementary information on the financial position, results of operations, and cash flows of the affiliates.

b) Fund Accounting

The accounts of the RHA are maintained in accordance with the restricted fund method of accounting for contributions. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The operating fund reflects the primary operations of the RHA including revenues received for provision of health services from Saskatchewan Health - General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries, and ancillary revenue. Expenses are for the delivery of health services.

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the RHA in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues received from Saskatchewan Health - General Revenue Fund designated for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

iii) Community Trust Fund

The community trust fund is a restricted fund that reflects community generated assets transferred to the RHA in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the RHA from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between the RHA and the health corporations.

c) Revenue

Unrestricted contributions are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted contributions related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted contributions are recognized as revenue of the appropriate restricted fund in the year.

d) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Buildings	2.5 to 6.67%
Land improvements	2.5 to 20%
Equipment	5 to 33%

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined.)

e) Inventory

Inventory consists of general stores, pharmacy, laboratory, linen and other. Cost of inventory held is determined on a weighted average basis, except for dietary, linen, laundry, plant maintenance and remote facility inventory which is determined on a first in, first out basis.

f) Pension

Employees of the RHA participate in several multi-employer defined benefit pension plans or a defined contribution plan. The RHA follows defined contribution plan accounting for its participation in the plans. Accordingly the RHA expenses all contributions it is required to make in the year.

g) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian generally accepted accounting principles. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in the period in which they become known.

h) Financial Instruments

The RHA is exposed to financial risks as a result of financial instruments. The risks the RHA is exposed to are:

i. Price risks which include: Currency risk, affected by changes in foreign exchange rates; Interest rate risk, affected by changes in market interest rates; and Market risk, affected by changes in market prices, whether those changes are caused by factors specific to the individual instrument or the issuer or factors affecting all instruments traded in the market.

ii. Credit risk is the risk that one party to a financial instrument will fail to discharge an obligation and cause the other party to incur a financial loss.

iii. Liquidity risk is the risk that an entity will encounter difficulty in raising funds to meet commitments associated with financial instruments. This may result from an inability to sell a financial asset quickly at close to its fair value.

iv. Cash flow risk is the risk that future cash flows associated with a monetary financial instrument will fluctuate in amount.

i) Replacement Reserves

The RHA is required to maintain certain replacement reserves as a condition of receiving subsidy assistance from Saskatchewan Housing Corporation. Schedule 4 shows the changes in these reserve balances during the year.

3. Capital Assets

	March 31, 2008			March 31, 2007
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Land	$ 266,556	$ -	$ 266,556	$ 266,556
Land Improvements	411,321	341,284	70,037	92,059
Buildings	39,778,508	26,677,060	13,101,448	14,820,583
Equipment	26,179,380	21,383,904	4,795,476	5,579,565
Construction in progress	41,048		41,048	17,646
	$ 66,676,813	$ 48,402,248	$ 18,274,565	$ 20,776,409

4. Commitments

a) Capital Assets Acquisitions

At March 31, 2008, commitments for acquisition of capital assets were $771,359 (2007 - $347,881).

5. Mortgages Payable

Title of Issue	Interest Rate	Annual Repayment Terms	Balance Outstanding 2008	2007
Pioneer Housing (Moose Jaw) CMHC, due November 1, 2016	5.38%	$22,877 principal & interest. Mortgage renewal date – November 1, 2016	$158,598	$172,638
Pioneer Housing (Moose Jaw) CMHC, due July 1, 2019	6.88%	$7,229 principal & interest. Mortgage renewal date – July 1, 2019	57,061	60,301
Pioneer Housing (Moose Jaw) CMHC, due September 1, 2027	10.50%	$95,747 principal & interest of which $22,188 is subsidized by SHC. Yielding an effective interest rate of 7.3%. Mortgage renewal date - September 1, 2027.	805,089	817,397
Regency Manor CMHC, due August 1, 2019	4.37%	$99,558 principal & interest of which $23,283 is subsidized by SHC. Yielding an effective interest rate of 0%. Mortgage renewal date - October 1, 2016.	895,448	954,727
Assiniboia Pioneer Lodge CMHC, due October 1, 2024	8.00%	$6,503 principal & interest. Mortgage renewal date - October 1, 2024.	60,095	61,796
Assiniboia Pioneer Lodge CMHC, due October 1, 2024	6.00%	$18,561 principal & interest. Mortgage renewal date - November 1, 2018.	146,468	156,039
			$2,122,759	$2,222,898
Less: Current portion			108,593	100,033
			$2,014,166	$2,122,865

Saskatchewan Housing Corporation (SHC) may provide a mortgage subsidy for supportive care homes financed by Canada Mortgage and Housing Corporation (CMHC). The subsidy may change when the mortgage renewal occurs.

For each of the mortgages, the RHA has pledged the related buildings of the special care homes as security. Principal repayments required in each of the next five years is estimated as follows:

2009	$ 108,593
2010	117,789
2011	127,793
2012	138,679
2013	150,527
2014 and subsequent	1,479,378

6. Deferred Revenue

	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Sask Health Initiatives				
Saskatchewan Health – General Revenue Fund	$ -	$ -	$ -	$ -
On site Emergency Room Medical Remuneration	17,559	-	105,498	123,057
Work Place Wellness	324,448	22,584	-	301,864
Successful Moms	47,163	-	19,206	66,369
Family Support and Rehab	72,575	1,118	-	71,457
Surgical Access	48,267	803	-	47,464
CT Evaluation	16,110	-	-	16,110
Diabetes Control	24,884	20,298	-	4,586
Nursing Council	32,170	99	-	32,071
Alt Physician Pymt C Butte	47,258	5,674	-	41,584
Alt Phys Pymt Teen Wellness	498	38	-	460
Alt Phys Pymt Obstetrician	-	-	85,000	85,000
Substance Abuse Youth Needs	5,250	-	-	5,250
Professn'l Development Fund	77,715	8,342	-	69,373
Workforce Retention - Cognitive Behavior Therapy	-	-	31,318	31,318
Workforce Retention - Nurse Coordinator/Educator	-	-	75,000	75,000
Workforce Retention - Dementia Care Training	-	-	46,000	46,000
Needle Exchange	34,593	6,451	-	28,142
Undesig Medical Remuneration	186,205	-	-	186,205
Population Health Strategy	7,828	7,828	-	-
Primary Health Care Team Facilitator	30,706	6,581	-	24,125
Primary Health Care Central Butte Site	416,961	-	37,407	454,368
Primary Health Care Assiniboia Kincaid	51,386	10,472	-	40,914
Renal Dialysis Project	86,859	-	-	86,859
Smoke Free Legislation	12,314	206	-	12,108
HIPA Implementation	10,070	-	-	10,070
Aboriginal Awareness Training	7,167	-	2,919	10,086
SIMS/PHIS	10,403	-	-	10,403
Health Line	3,324	3,324	-	-
Project Hope Cross Training	64,875	23,007	-	41,868
Project Hope	89,454	39,909	-	49,545
Project Hope Community Supports	-	-	112,770	112,770
Dental Sealant Program	-	-	54,016	54,016
Joint Replacement Surgery - Hip Knee Pathway	-	-	70,722	70,722
Safestart Program Quality Workplace	-	-	22,026	22,026
Nursing Education/Professional Development	-	-	35,557	35,557
Nurse Mentorship Initiative	-	-	54,000	54,000
Safety Training Initiatives (OH&S)	-	-	47,663	47,663

	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Sask Health Initiatives cont'd				
Train the Trainer Workshop Development Assets	-	-	30,000	30,000
Project Hope Secure Youth Detox	31,577	-	45,454	77,031
Public Health Capacity	90,340	-	35,500	125,840
West Nile Virus	2,484	-	-	2,484
Prevention & Support	6,000	1,500	-	4,500
CTAS	12,116	-	-	12,116
Infection Control	150,000	-	112,045	262,045
MDS Home Care	73,580	-	-	73,580
Surgical Waitlist Incentive	127,596	-	53,449	181,045
Total Sask Health	**$ 2,219,735**	**$ 158,234**	**$ 1,075,548**	**$ 3,137,050**
Non Sask Health Initiatives				
Sask Learning - General Revenue Fund - Kids First Targeted	$ 134,653	$ -	$ 35,339	$ 169,992
Sask Learning - General Revenue Fund - Kids First Non Targeted	9,729	9,729	-	-
Sask Social Services - General Revenue Fund - Housing Advance	-	-	1,940	1,940
Other - Special Needs	190,227	8,815	-	181,412
Other - SGI Acquired Brain Injury Prov Coord Adv	21,257	-	850	22,107
Other - SGI Acquired Brain Injury Prov Coord	3,307	3,307	-	-
Other - SGI Acquired Brain Injury Comm Coord Adv	18,200	-	728	18,928
Other - SGI Acquired Brain Injury Comm Coord	4,215	-	6,504	10,719
Other - SGI Community Grants Sunningdale Bike Lane	-	-	15,196	15,196
Other - Resource Centre	36,695	-	-	36,695
Mental Health Clinical Conference	18,581	-	-	18,581
Other - MJ Health Foundation	20,072	-	-	20,072
Other - Assiniboia Union Hospital	25,000	-	-	25,000
Other - Central Butte Regency Hospital	-	-	29,949	29,949
Other - Craik Health Centre	51,665	-	-	51,665
Other - Home Care Palliative	23,681	3,346	-	20,335
Other - First Nations Health Employer Support	25,000	6,549	-	18,451
Other - Pioneer Housing MJ Mortlach Mgmt Board	7,336	4,344	-	2,992
Other - Schools Social Work Program	-	-	3,850	3,850
Other - Canadian Public Health Association	-	-	11,790	11,790
Other - miscellaneous	11,164	1,507	-	9,657
Total Non Sask Health	**$ 600,782**	**$ 37,597**	**$ 106,146**	**$ 669,331**
Total Deferred Revenue	**$ 2,820,517**	**$ 195,831**	**$ 1,181,694**	**$ 3,806,381**

Externally restricted revenue, received in the operating fund, is deferred if the restriction has not been fulfilled by the end of the fiscal year.

7. Net Change in Non-cash Working Capital

	Operating Fund		Restricted Funds			
	2008	2007	Capital Fund	Community Trust Fund	Total 2008	Total 2007
(Increase) Decrease in accounts receivable	$ 73,075	$ 2,226,534	$ (11,273)	$ (8,978)	$ (20,251)	$ 59,970
(Increase) Decrease in inventory	(45,698)	(24,388)			-	
(Increase) Decrease in prepaid expenses	58,490	(247,534)			-	
Increase (Decrease) in accounts payable	(280,676)	(643,146)	(471)		(471)	(1,375)
Increase (Decrease) in accrued salaries	592,680	(1,423,401)			-	
Increase (Decrease) in vacation payable	83,856	403,821			-	
Increase (Decrease) in deferred revenue	985,864	616,520			-	
	$ 1,467,591	$ 908,406	$ (11,744)	$ (8,978)	$ (20,722)	$ 58,595

8. Patient and Resident Trust Accounts

The RHA administers funds held in trust for patients and residents using the RHA's facilities. The funds are held in separate accounts for the patients or residents at each facility. The total cash held in trust as at March 31, 2008 is $4,020 (2007 - $3,771) and are included in the financial statements.

9. Related Party Transactions and Other Third Party Contractors

These financial statements include transactions with related parties. The RHA is related to all Saskatchewan Crown Agencies such as departments, corporations, boards and commissions under the common control of the Government of Saskatchewan. The RHA is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the RHA is related to other non-Government organizations by virtue of its economic interest in these organizations.

a) Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts resulting from these transactions are included in the financial statements at the standard rates charged by those organizations and are settled on normal trade terms.

In addition, the RHA pays Provincial Sales Tax to the Saskatchewan Ministry of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

	2008	2007
Revenues		
Workers Compensation	$ 199,360	$ 211,567
	$ 199,360	$ 211,567
Expenses		
Saskatchewan Association of Health Organizations	$ 2,714,505	$ 2,513,339
Saskatchewan Health Employees Pension Plan	2,948,158	2,739,591
Saskatchewan Energy	527,826	305,430
Saskatchewan Power	708,213	698,476
Saskatchewan Property Management	432,879	418,602
Sask Tel	247,658	240,223
Valleyview	664,097	624,697
Workers Compensation	1,046,108	1,100,186
	$ 9,289,444	$ 8,640,544

	2008	2007
Prepaid Expenditures		
Workers Compensation	$ 247,478	$ 298,168
Saskatchewan Association of Health Organizations	115,250	113,620
	$ 362,728	$ 411,788
Accounts Payable		
Saskatchewan Association of Health Organizations	$ 252,129	$ 227,748
Saskatchewan Health Employees Pension Plan	759,674	713,428
	$ 1,011,803	$ 941,176

b) Health Care Organizations

i) Community Based Organizations and Third Parties

The RHA has also entered into agreements with CBOs and Third Parties to provide health services.

These organizations receive operating funding from the RHA on a monthly basis in accordance with budget amounts approved annually. During the year, the RHA provided the following amounts to CBOs and Third Parties:

	2008	2007
Extendicare (Canada) Inc.	$ 5,349,983	$ 5,002,825
Moose Jaw Alcohol and Drug Abuse Society Inc.	913,924	796,631
Canadian Mental Health Association	10,929	11,250
Thunder Creek Rehabilitation Association Inc.	481,687	417,391
Lifeline Ambulance Service Inc.	1,313,219	1,182,570
Wald Ambulance Ltd.	501,154	460,304
	$ 8,570,896	$ 7,870,971

ii) Affiliates

The Act makes the RHA responsible for the delivery of health services in its region including the health services provided by privately owned affiliates. The Act requires affiliates to conduct their affairs and activities in a manner that is consistent with, and that reflects, the health goals and objectives established by the RHA. The RHA exercises significant influence over affiliates by virtue of its material inter-entity transactions. There is also an interchange of managerial personnel, provision of human resource and finance/administrative functions with some affiliates. The following presentation discloses the amount of funds granted to each affiliate:

	2008	2007
Providence Place for Holistic Health Inc.	$ 10,959,298	$ 10,341,197
St. Joseph's Hospital (Grey Nuns) of Gravelbourg	3,995,960	3,725,684
St. Joseph's Hospital (Grey Nuns) of Gravelbourg – Ambulance Service	219,065	200,879
	$ 15,174,323	$ 14,267,760

Saskatchewan Health requires additional reporting in the following financial summaries of the affiliate entities for the years ended March 31, 2008 and 2007.

	Total 2008	Total 2007
Balance Sheet		
Assets	$3,823,279	$3,527,011
Net Capital Assets	26,146,065	26,880,641
Total Assets	$29,969,344	$30,407,652
Total Liabilities	$4,007,040	$3,770,179
Total Net Assets	25,962,304	26,637,473
	$29,969,344	$30,407,652

	Total 2008	Total 2007
Results of Operations		
RHA Grant	$15,069,989	$13,982,982
Other Revenue	4,062,957	4,018,309
Total Revenue	$19,132,946	$18,001,291
Salaries & Benefits	$15,190,519	$14,026,993
Other Expenses*	5,000,230	4,900,071
Total Expenses	$20,190,749	$18,927,064
Excess Revenue over Expenses	($1,057,803)	($925,773)

* Other Expenses includes amortization of $1,129,469 (2007-$1,156,352)

	Total 2008	Total 2007
Cash Flows		
Cash from Operations	$128,855	$23,519
Cash used in financing activities	26,439	208,735
Cash used in Investing activities	(26,346)	(255,282)
Increase in cash	$128,948	($23,028)

iii) Fund Raising Foundations

Fund raising efforts are undertaken through a non-profit business corporation known as the Moose Jaw Health Foundation (the Foundation). The Five Hills RHA has an economic interest in the Foundation. In 2008 and in accordance with donor-imposed restrictions, $588,041 (2007 - $575,320) of the foundation's net assets must be used to purchase specialized equipment. In 2007, the foundation's total expenses include contributions of $479,411 (2006 - $320,652) to the RHA/community.

10. Comparative Information

Certain 2006-07 balances have been reclassified to conform with the current year's presentation.

11. Pension

Employees of the RHA participate in one of the following pension plans:

1. Saskatchewan Healthcare Employees' Pension Plan (SHEPP) - This is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Saskatchewan Association of Health Organizations (SAHO) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multiemployer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was formerly the SAHO Retirement Plan and governed by the SAHO Board of Directors).

2. Public Service Superannuation Plan (a related party) - This is also a defined benefit plan and is the responsibility of the Province of Saskatchewan.

3. Public Employees' Pension Plan (a related party) - This is a defined contribution plan and is the responsibility of the Province of Saskatchewan.

The RHA's financial obligation to the plans is limited to making required payments to match amounts contributed by employees for current services. Pension expense for the year amounted to $3,099,503 (2007 - $2,889,557) and is included in benefits in Schedule 1.

12. Budget

The RHA Board approved the 2007-2008 budget plan on May 30, 2007.

13. Financial Instruments

a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) Credit risk

The RHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the RHAs receivables are from Saskatchewan Health - General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other Provinces. Therefore, the credit risk is minimal.

c) Fair value

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.

  cash and short term investments
  accounts receivable
  accounts payable
  accrued salaries and vacation payable

- For investments, the fair value is based on quoted market values.

- The fair value of mortgages and term loan payable before the repayment required within one year, is $2,117,137 (2007 - $2,178,879) and is determined using discounted cash flow analysis based on current incremental borrowing rates for similar borrowing arrangements.

d) Financial Instruments – Classification and Measurement

The RHA classifies its financial instruments as one of the following categories: held-to-maturity, held-for-trading, loans and receivables, or other liabilities.

All financial instruments are measured at fair value upon initial recognition. The fair value of a financial instrument is the amount at which the financial instrument could be exchanged in an arm's-length-transaction between knowledgeable and willing parties under no compulsion to act.

Cash is classified as held-for-trading. Accounts receivable are classified as loans and receivables. The carrying value approximates fair value due to the short-term nature of these instruments.

Investments are classified as held-to-maturity and recorded at amortized cost. If investments are classified as held-for-trading, transaction costs related to those financial assets would be expensed as they are incurred. Similarly, the change in the fair value of the investments held-for-trading are recognized in net income.

Bank indebtedness is classified as held-for-trading. The carrying value approximates fair value due to the short-term nature of the instrument. Accounts payable, accrued salaries and vacation payable are classified as other liabilities. The carrying value approximates fair value due to the short-term nature of these instruments.

Mortgages payable are classified as other liabilities and recorded at amortized cost. The related debt premium or discount and issue costs are included in the carrying value of the

long term debt and are amortized into interest expense using the effective interest rate method.

The RHA selected January 1, 2003 as the transition date for the identification and recognition of embedded derivatives. Accordingly, only contracts or financial instruments entered into or modified after the transition date were reviewed for embedded derivatives. As at March 31, 2008, the RHA does not have any outstanding contracts or financial instruments with significant embedded derivatives.

The RHA mitigates risk associated with these financial instruments by purchasing relatively short term low risk investments and classifying those investments as held-to-maturity.

14. Interfund Transfers

Each year the RHA transfers amounts between its funds for various purposes. These include funding capital asset purchases, and reassigning fund balances to support certain activities.

	2008			2007		
	Operating Fund	Capital Fund	Community Trust Fund	Operating Fund	Capital Fund	Community Trust Fund
Capital asset purchases	$ (1,696,444)	$ 1,696,444	$ -	$ (1,659,896)	$ 1,662,470	$ (2,574)
SHC reserves	(58,349)	58,349	-	(55,133)	55,133	-
	$ (1,754,793)	$ 1,754,793	$ -	$ (1,715,029)	$ 1,717,603	$ (2,574)

15. Volunteer Services

The operations of the RHA utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

16. Contingent Liability - Joint Job Evaluation Reconsiderations

The joint job evaluation/pay equity initiative for the service provider unions CUPE, SEIU, and SGEU allowed for an appeal process. As a result, employees and employers filed appeals, the Reconsideration Committee completed recommendations on these appeals, and major disputes were heard before the JJE Dispute Resolution Tribunal (Tribunal). There still remains a number of individual "outstanding bundling issues" that consist of recommendations by the Reconsideration Committee that were not agreed to by the Steering Committee. Outcomes of the Tribunal resulted in further "bundling issues" regarding additional classifications created and revised duties of existing classifications. A process to deal with these additional "bundling issues" is being negotiated between respective unions and SAHO, and is expected to extend well into 2008.

A financial obligation to pay reconsideration costs occurs once the Steering Committee and the Reconsideration Committee reach a consensus decision. The results of outstanding bundling issues are currently unknown. The costs of these cannot be reasonably determined at this time.

17. Change in Accounting Policy

Effective April 1, 2007, the RHA adopted the new CICA Handbook Section 3855 - Financial Instruments - Recognition and Measurement, Section 3862 - Financial Instruments - Presentation and Section 3863 - Financial Instruments - Disclosure.

Upon the adoption of the new standards, the impact of applying this change in accounting policy retrospectively, effective April 1, 2007, to recognize fair value adjustments on financial instruments held-for-trading was as follows:

April 1, 2007	
Investments fair value adjustments	$nil
Total assets	$nil
Unrestricted fund balance fair value adjustments	$nil
Total liabilities and fund balances	$nil

Upon the adoption of the new standards, the impact of applying this change in accounting policy for the year ended March 31, 2008 to recognize fair value adjustments for gains and losses on financial instruments held-for-trading was as follows:

March 31, 2008	
Increase (decrease) in net income	$ nil

FIVE HILLS REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXPENSES
For the Year Ended March 31, 2008

	Budget 2008	Actual 2008	Actual 2007
Operating:			
Board costs	$ 118,924	$ 79,385	$ 82,417
Compensation - Benefits	9,496,129	9,408,737	8,835,640
Compensation - Salaries	50,759,009	51,738,503	48,390,491
Diagnostic imaging supplies	320,260	286,382	262,578
Drugs	1,528,329	1,404,138	1,298,627
Food	1,049,318	1,052,673	989,247
Grants to ambulance services	1,922,268	2,075,053	1,884,200
Grants to third parties	21,353,840	21,386,615	20,196,836
Housekeeping and laundry supplies	406,315	452,957	378,163
Information technology contracts	287,297	207,653	209,720
Insurance	223,028	209,458	198,229
Interest	2,677	916	1,781
Laboratory supplies	927,504	915,579	761,804
Medical and surgical supplies	2,039,622	1,812,150	1,790,128
Medical remuneration and benefits	7,010,137	7,273,464	6,481,971
Office supplies and other office costs	435,482	372,786	389,634
Other	1,011,997	951,971	952,763
Other referred out services	1,940,180	1,628,602	1,241,759
Professional fees	510,757	569,321	623,326
Prosthetics	622,706	595,897	547,115
Purchased services	731,483	600,004	520,765
Rent/lease costs	938,157	1,095,975	921,661
Repairs and maintenance	646,507	640,092	651,448
Service contracts	705,523	673,860	664,863
Travel	1,035,224	879,431	1,122,466
Utilities	1,624,543	1,539,128	1,478,701
	$ 107,647,216	**$ 107,850,730**	**$ 100,876,333**
Restricted:			
Amortization		$ 3,785,912	$ 3,756,881
Loss/(Gain) on disposal of fixed assets		-	-
Mortgage interest		149,865	160,627
Other		301,198	77,097
		$ 4,236,975	**$ 3,994,605**

Schedule 2

FIVE HILLS REGIONAL HEALTH AUTHORITY
SCHEDULE OF INVESTMENTS
As at March 31, 2008

	Amount	Maturity	Effective Rate	Coupon Rate
Restricted Investments*				
Cash and Short Term				
Chequing and Savings:				
Concentra	$ 10,694,162			
RBC Dominion Securities	213			
	$ 10,694,375			
Bond/Mutual Fund:				
Ontario Hydro	$ 67,615	6/2/2008	4.49%	4.49%
Home Trust Company	83,084	2/23/2009	4.26%	4.26%
ICICI Bank	83,084	2/23/2009	4.27%	4.27%
	$ 233,783			
Total Cash & Short Term Investments	$ 10,928,158			
Long Term				
Province of Quebec	$ 133,969	6/1/2009	3.93%	3.93%
Province of Saskatchewan	115,100	7/15/2010	4.00%	4.00%
Bank of Nova Scotia GIC	89,338	3/27/2011	4.10%	4.10%
Royal Bank CPI Notes	520,000	12/5/2012	US CPI + .64%	
Province of British Columbia	357,839	8/23/2013	8.50%	6.81%
Province of British Columbia	62,400	8/23/2013	3.90%	3.90%
Ontario Hydro	42,976	8/18/2022	8.90%	8.90%
Total Long Term Investments	$ 1,321,622			
Total Restricted Investments	**$ 12,249,780**			
Unrestricted Investments				
Cash and Short Term				
Chequing and Savings:				
Concentra	$ 12,940,991			
Royal Bank	846			
RBC Dominion Securities	-			
Dundee Investment Savings	6,161			
Cash on hand	8,245			
	$ 12,956,243			
Bond/Mutual Fund:				
Ontario Hydro	$ 8,225	6/2/2008	4.49%	4.49%
Total Cash & Short Term Investments	$ 12,964,468			
Long Term				
Province of Nova Scotia	$ 8,899	6/1/2009	3.80%	3.80%
Province of Saskatchewan	62,000	7/15/2010	4.00%	4.00%
Total Long Term Investments	$ 70,899			
Total Unrestricted Investments	**$ 13,035,367**			
Total Investments	**$ 25,285,147**			
Restricted & Unrestricted Totals				
Total Cash & Short Term	$ 23,892,626			
Total Long Term	$ 1,392,521			
Total Investments	**$ 25,285,147**			

* Restricted Investments consist of:

- Community generated funds transferred to the RHA and held in the Community Trust Fund (Schedule 3); and
- Replacement reserves maintained under mortgage agreements with Canada Mortgage and Housing Corporation (CMHC) and/or Saskatchewan Housing Corporation (an agency of the Ministry of Social Services) (SHC) held in the Capital Fund (Schedule 4).

Schedule 3

FIVE HILLS REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXTERNALLY RESTRICTED FUNDS
For the Year Ended March 31, 2008

COMMUNITY TRUST FUND EQUITY

Trust Name	Balance Beginning of Year	Investment & Other Revenue	Donation	Expenses	Withdrawals	Balance End of Year
Moose Jaw Union Hospital - Haggerty	$ 84,641	$ 3,292	$ -	$ (19,058)	$ -	$ 68,875
Moose Jaw Union Hospital - Elsom/Mutrie	13,336	623	-	(300)	-	13,659
Craik Health Centre	120,126	5,241	-	-	-	125,367
Thunder Creek Home Care	882,981	38,616	-	(53,481)	-	868,116
South Country	924	40	-	-	-	964
Total Community Trust Fund	$ 1,102,008	$ 47,812	$ -	$ (72,839)	$ -	$ 1,076,981

Schedule 4

FIVE HILLS REGIONAL HEALTH AUTHORITY
SCHEDULE OF INTERNALLY RESTRICTED FUND BALANCES
For the Year Ended March 31, 2008

	Balance Beginning of Year	Investment Income Allocated	Annual Allocation (from unrestricted fund)	Operating Expenses	Capital Expenses	Balance End of Year
Capital						
SHC Replacement Reserves						
Assiniboia Pioneer Lodge	$ 191,508	$ 7,120	$ 23,866	$ -	$ -	$ 222,494
Pioneer Housing - Lodge (Moose Jaw)	175,036	5,850	14,833	-	(30,526)	165,193
Pioneer Housing - Units (Moose Jaw)	186,774	5,730	12,000	-	(3,914)	200,590
Regency Manor	123,800	4,580	7,650	-	-	136,030
Total SHC	677,118	23,280	58,349	-	(34,440)	724,307
Other Internally Restricted Funds						
LaFleche Health Centre Roof - SGI	23,884	-	-	-	-	23,884
	-					-
Total Capital	**$ 701,002**	**$ 23,280**	**$ 58,349**	**$ -**	**$ (34,440)**	**$ 748,191**
Operating						
Other Internally Restricted Funds						
Elder Care Study	$ 5,793	$ -	$ -	$ (5,793)	$ -	$ 0
	-	-	-	-	-	-
Total Operating	**$ 5,793**	**$ -**	**$ -**	**$ (5,793)**	**$ -**	**$ 0**
Total Internally Restricted Funds	**$ 706,795**	**$ 23,280**	**$ 58,349**	**$ (5,793)**	**$ (34,440)**	**$ 748,191**

FIVE HILLS REGIONAL HEALTH AUTHORITY
SCHEDULES OF
BOARD REMUNERATION, BENEFITS AND ALLOWANCES
For the Year Ended March 31, 2008

RHA MEMBERS	RETAINER	PER DIEM	TRAVEL TIME EXPENSES	TRAVEL AND SUSTENANCE EXPENSES	OTHER EXPENSES	CPP	2008 TOTAL	2007 TOTAL
Dale Tom	9,960	5,625			308	627	16,520	19,689
							-	
Alvin Arnold		4,700	1,250	1,836	1,325		9,111	5,745
John Bumbac		6,900	1,654	2,735	369		11,658	11,779
Marian Campbell		4,675	475	462	778	116	6,506	6,078
Shayne Cristo		2,800	888	1,335	83	83	5,189	6,111
Jo-anne Dusel		4,388	200	1,014	772	92	6,466	7,122
David Foley [1]		1,700	175	330	401	37	2,644	-
Leslie Gray		5,575	101	341	820		6,837	6,656
Betty Michalski		2,900			205		3,105	5,676
Elaine Mulatz		3,700				70	3,770	5,393
Janeth Muldoon		4,800	1,370	2,048	930	163	9,312	6,994
Donald Shanner		4,450		228	680	85	5,443	3,651
Donna Stang							-	4,720
							-	-
TOTAL	9,960	52,213	6,112	10,330	6,672	1,273	86,560	89,614

(1) appointed Sep 25, 2007

SENIOR MANAGEMENT SALARIES, BENEFITS, ALLOWANCES AND SEVERANCE
For the Year Ended March 31, 2008

	2008					2007		
Senior Employees	Salaries[1]	Benefits and Allowances[2]	Sub-total	Severance Amount	Total	Salaries, Benefits & Allowances[1,2]	Severance	Total
Dan Ploszaine, CEO	$ 191,796	$ 5,766	$ 197,563	$ -	$ 197,563	$ 166,912	$ -	$ 166,912
Craig Bentley, Exec Dir	113,830	-	113,830	-	113,830	107,601	-	107,601
Cheryl Craig, Exec Dir	134,255	-	134,255	-	134,255	114,674	-	114,674
Nola Ayres, Exec Dir	121,767	-	121,767	-	121,767	100,254	-	100,254
Wayne Blaschko, Exec Dir & CFO	145,870	-	145,870	-	145,870	110,422	-	110,422
Dr. Mark Vought, MHO	205,277	-	205,277	-	205,277	193,228	-	193,228
Terry Hutchinson, Exec Dir	112,729	-	112,729	-	112,729	99,008	-	99,008
Dianne Ferguson, Exec Dir	102,317	-	102,317	-	102,317	99,008	-	99,008
Dr. Tyrone Jindal, Medical Director	114,391	-	114,391	-	114,391	115,451	-	115,451
John Lignon, Exec Dir	109,731	-	109,731	-	109,731	99,008	-	99,008
Gilbert Linklater, Exec Dir	122,226	-	122,226	-	122,226	58,607	-	58,607
	-	-	-	-	-	-	-	-
Total	$ 1,474,189	$ 5,766	$ 1,479,956	$ -	$ 1,479,956	$ 1,264,173	$ -	$ 1,264,173

1. Salaries include regular base pay, overtime, honoraria, sick leave, vacation leave, and merit or performance pay lumpsum payments, and any other direct cash remuneration.
2. Benefits and Allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable professional development, education for personal interest, non-accountable relocation benefits, personal use of an automobile, cell phone, computer, etc. As well as any other taxable benefits.